

AMENDED AGENDA
OCONEE COUNTY COUNCIL MEETING
TUESDAY, May 1, 2001
7:00 PM
OCONEE COUNTY ADMINISTRATIVE OFFICES
415 SOUTH PINE STREET
WALHALLA, SC

1. Call to Order
2. Invocation
3. Approval of Minutes
4. Approval & Presentation of Resolution 2001-19, "A RESOLUTION OF APPRECIATION TO MR. J. D. TOWE"
5. Consideration of ATAX Grant in the Amount of \$2,000 to Seneca Merchants Association - Mrs. Geri McSwain, ATAX Committee
6. Consideration of Approval of Mutual Aid Agreement - Mr. Henry Gordon, Emergency Preparedness Director
7. Consideration of Approval of "COPS in Schools 2001" Grant Application - Mrs. Melissa Brown, Budget/Grants Supervisor
8. Consideration of Approval of 2001 Regional Planning Grant - Mrs. Melissa Brown, Budget/Grants Supervisor
9. Consideration of Approval of Highway Safety Grant - Mr. Steve Pruitt, Chief Deputy
10. Consideration of Bids for Radio Equipment for Sheriff's Department - Ms. Marianne Dillard, Procurement Director
11. Approval of Resolution 2001-18, "A RESOLUTION ESTABLISHING THE SCORING CRITERIA PERTAINING TO PAVING EXISTING COUNTY ROADWAYS"
12. Old Business
13. New Business
14. Public Comment Session (Not to exceed thirty minutes)
15. Adjourn

The Oconee County Council will have an administrative briefing thirty minutes prior to each regularly scheduled Council Meeting in the Office of the Council Clerk

The Oconee County Purchasing, Contracting, Real Estate, Building & Grounds Committee will meet Tuesday, May 1, 2001 at 5:00 PM for the purpose of reviewing the EBO proposals.

The Oconee County Personnel & Intergovernmental Committee will meet Tuesday, May 1, 2001 at 6:00 PM in Council Chambers, 415 South Pine Street, Walhalla, SC for the purpose of discussing personnel matters.

The Oconee County Council will meet with representatives of Tri County Technical College Monday April 30, 2001 at 6:30 PM at the PrimeTime Grill, 700 Bypass 123, Seneca, SC for the purpose of hearing their budget request.

The Oconee County Council will have a planning retreat Wednesday, May 9, 2001 at 9:00 AM at the SC Appalachian Council of Governments Building, 30 Century Circle, Greenville, SC.

The Law Enforcement Committee will be meeting Thursday, May 10, 2001 at 2:00 PM in Council Chambers for the purpose of discussing funding for the Humane Society, proposed ordinances and other matters as necessary.

MEMBERS, OCONEE COUNTY COUNCIL

Mr. Tim O. Hall, III, District I Mr. Kenneth E. Johns, Jr., District II
Mr. Harry R. Hamilton, District III Mr. Marion E. Lyles, District IV
Mr. H. Frank Ables, Jr., District V

MINUTES, OCONEE COUNTY COUNCIL MEETING

The Oconee County Council met Tuesday, May 1, 2001 at 7:00 PM in Council Chambers, 415 South Pine Street, Walhalla, SC with all Council Members except Mr. Hall present. Mr. Norton, County Attorney was also present.

Press:

Members of the press notified (by mail): Keowee Courier, Westminster News, Anderson Independent, WGOG Radio, WPEK Radio & Daily Journal.

Members of the press present: Amanda Rylander – Daily Journal & Dave Williams – Anderson Independent.

Call to Order:

The meeting was called to order by Mr. Norton, County Attorney.

Acting Chairman:

Mr. Johns made a motion, seconded by Mr. Hamilton, approved 4 – 0 that Mr. Ables act as chair in the absence of the chair and vice chair.

Invocation:

Mr. Hamilton gave the invocation.

Minutes:

Mr. Hamilton made a motion, seconded by Mr. Lyles, approved 4 - 0 that the minutes of the April 17, 2001 meeting be adopted as printed.

ATAX Grant:

Upon request of Mrs. Geri McSwain, ATAX Committee, Mr. Lyles made a motion, seconded by Mr. Johns, approved 4 – 0 that the attached ATAX Grant in the amount of \$2,000 to the Seacca Merchant's Association be adopted.

To Mrs. McSwain's inquiry, Mr. Ables assured her the Council is attempting to fill the two vacancies on the ATAX Committee.

Emergency Preparedness (Mutual Aid Agreement):

Upon request of Mr. Henry Gordon, Emergency Preparedness Director, Mr. Lyles made a motion, seconded by Mr. Hamilton, approved 4 – 0 that the attached *Statewide Mutual Aid Agreement for Catastrophic Disaster Response and Recovery* be adopted.

COPS in Schools 2001 Grant:

Upon recommendation of Mrs. Melissa Brown, Budget/Grants Supervisor and Mr. Steve Pruitt, Chief Deputy, Mr. Hamilton made a motion, seconded by Mr. Johns, approved 4 – 0 that the attached *COPS in Schools 2001* grant application in the amount of \$125,000 with a matching portion from the county of \$2,070 be adopted.

Planning Grant:

Upon recommendation of Mrs. Brown, Mr. Hamilton made a motion, seconded by Mr. Johns, approved 4 – 0 that the attached *2000 Regional Planning Grant Program* application be adopted.

Parks & Recreation Grant:

Upon recommendation of Mrs. Brown, Mr. Johns made a motion, seconded by Mr. Hamilton, approved 4 – 0 that the attached *Oconee Tourism Commission* grant application in the amount of \$3,000 be adopted.

Highway Safety Grant:

Upon recommendation of Chief Deputy Steve Pruitt Mr. Lyles made a motion, seconded by Mr. Johns, approved 4 – 0 that the Sheriff's Department apply for the attached *State and Community Highway Safety Grant Program* which is a 90% federal and 10% local match grant for the first year, 75/25 the second year and 50/50 the third year.

Radio Equipment for Communications:

Upon recommendation of Ms. Marianne Dillard, Procurement Director, Mr. Lyles made a motion, seconded by Mr. Hamilton, approved 4 – 0 that the bid for radio equipment for Communications be awarded to Morris Communications, Inc. who was low bid at a cost of \$23,005.60. (See attached bid sheet)

Resolution 2001-18:

Council unanimously accepted the recommendation of the Roads & Transportation Committee to adopt Resolution 2001-18, "A RESOLUTION ESTABLISHING THE SCORING CRITERIA PERTAINING TO PAVING EXISTING COUNTY ROADWAYS".

Public Hearings:

Council scheduled public hearings Tuesday, June 5, 2001 at 7:00 PM to receive written and/or oral comments regarding Oconee County leasing to the School District between three (3) and three and one-half (3 1/2) acres of the Pine Street properties and the leasing of a county owned building known as the "Tobacco Barn" located at the corner of Fugate Street & Broad Street, Walhalla, SC to the Oconee Heritage Center, Inc.

Roads & Transportation Committee Recommendations:

Council unanimously adopted the following recommendations of the Roads & Transportation Committee:

- (1) The Road Department coordinate the lessoring the angle of a curve in Chetola Roadway with Mr. Les Walden giving the county a right-of-way across lot number 17 with the County Attorney preparing the rights-of-ways and agreements and the road department prepare the area where the new right-of-way is to be located and the paving of that roadway being contingent upon the work being satisfactory to everyone involved and a new cost quote being obtained.
- (2) Johnson Cove Roadway be added to Garrett's contract at a cost of \$35,181.28.
- (3) South Union Fire Station be added to Hubbard's contract at a cost of \$1,653.28 and Cross Roads Fire Station be added to Hubbard's contract at a cost of \$551.09.

Personnel & Intergovernmental Recommendations:

Mr. Hamilton, Chair, Personnel & Intergovernmental Committee informed Council the committee had considered a request for certain employees to change jobs in an effort to better understand different job roles, however, any action on this request is pending further information.

He also informed Council the committee had a request to increase an employee's within grade step, but further action on this request was deferred pending an overview of the cost to increase all employees who did not receive longevity credit in the last COG study.

Further, he informed Council the request for a Code Enforcement Officer was deferred pending the budget deliberations.

Council did unanimously adopt the recommendation that consideration be given to extending the hours at the Rock Crusher during the summer months (4/1/ through 9/30) from 7:00 AM – 5:00 PM by staggering the hours of the employees.

Purchasing, Contracting, Real Estate, Building & Grounds Recommendations:

Mr. Lyles, Chair, Purchasing, Contracting, Real Estate, Building & Grounds Committee informed Council they met at 5:00 PM to consider the FBO's received for maintenance at the airport. There were two responses to the RFP, however, one of those was non responsive and the awarding of the FBO to the other company depended on the total score received by that company.

Ms. Dillard presented the attached information to Council showing a total 1,551.25 points received by Van Surdam Vintage Aircraft out of a possible 2,000 points.

Council voted 4 – 0 to award the FBO to Van Surdam Vintage Aircraft based on the points received.

Public Comment Session:

Mr. Clay Bradburn & Mr. Robert Barrister addressed Council regarding safety issues on Tugaloo Circle. They informed Council it is not paved up to the campground and it is very narrow. They asked that the roadway be removed, widened and paved.


Mr. Stu Wright addressed Council thanking them for their support of the rural fire fighters.

Mr. B. J. Littleton again expressed his displeasure with the federal government, he also asked Council to support Senator Alexander's property defense bill and expressed an opinion that the School Resource Officers did not need vehicles.

Adjourn:

Adjourn: 8:00 PM

Respectfully Submitted,



Opal O. Green
Council Clerk

Geri McSwain
Chairperson
335 Fernwood Drive
Salem, SC 29678

Lilly Blue
Vice-Chairperson/Secretary
7812 Rochester Highway
Seneca, SC 29672

Jack Bishop
Treasurer
7 Rum Row
Salem, SC

Gerald Foster
115 Sam Brown Rd
Seneca, SC 29678

Andy Davis
624 State Park Rd.
Mountain Rest, SC 29664

Jack McLane
570 McLane Farm Rd.
Seneca, SC 29678

Ansley Fraser
400 Rudder Ridge
Seneca, SC 29678



Accommodations
Tax Advisory Committee

DATE: 4/28/01

TO: Opaf Green

RE: Recommended ATAX Fund Disbursements

The following individuals/groups have requested funds from the Oconee County Accommodation Tax Committee.

Grant Requests that were tabled:

1. None \$ _____

2. _____ \$ _____

Denied Grant Request were:

1. West Union Lions Club \$ 20,000.00

2. _____ \$ _____

Approved Grants were:

1. Seneca Apartments Assoc - ^{reduced} requested \$ 3,500.00

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Please place the approved Grant Requests on the agenda for the May 1, 2001 (date) Oconee County Council meeting with the following individual(s) presenting them to the Council.

Geri McSwain - Presented

Thank You,
The Oconee County ATAX Advisory Committee

apack

OCONEE COUNTY ATAX GRANT APPLICATION FORM

FOR TOURISM RELATED PROJECTS

I. APPLICANT

A. Name of Organization Downtown Seneca Merchants Association

B. Address PO Box 1915

Seneca, SC 29678

II. FINANCIAL INFORMATION

A. ATAX funds requested \$ 2000.00

B. Itemized budget for ATAX funds requested (attach on separate sheet)

C. Funds furnished by your organization \$ 2000.00

Matching grant \$ -0- Source

Other Funding \$ Source City of Seneca - \$1000
CIC - \$1000
Corporate - \$1000

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title 1988 Annual Spring Heritage Festival and Music on the Green

B. Description of project: arts and crafts show, children's rides and games,
entertainment, car show, food vendors.

C. Music on the Green festival to be held on the grounds of the Seneca Hotel

held on Saturday evening by providing entertainment.

Post Office	Post Office	Post Office
City	City	City
State	State	State
Zip	Zip	Zip
Phone	Phone	Phone
Fax	Fax	Fax

C. Who will benefit from this project? Local merchants, gas stations,
restaurants, motels, realtors, boat and recreational dealers, printers,
equipment rental businesses.

IV. APPROXIMATE DATES OF PROJECT

Festival 5/12/01 Festival - 5/12/01
 Beginning Music on the Green - 5/12/ Ending _____
01 - 2 in June, 2 in July & 2 in August - Total of 7 concerts

V. APPLICANT CATEGORY

Government Entity: _____

Non-profit Organization: Incorporation date 8/18/89

Eleemosynary Organization under IRS Code: IRS # 57-6020715

Date of Determination Letter n/a

VI. DEMOGRAPHIC DATA

How will the project influence tourism in Oconee County? Bringing people
to the area who will spend money and enjoy the beauty of our surroundings.

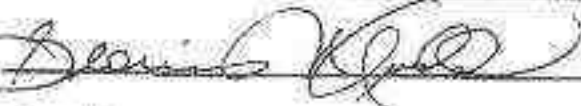
By advertising outside Oconee County, we will be reaching people who will
visit our city, lakes and surrounding area and will return for vacations,
sightseeing, etc. By making a good first impression, they will tell their
friends about our area.


VII. AUDIT

Does your organization perform an independent audit? Yes _____ No X

Name of the Auditor _____

I have read the guidelines for the Oconee County Accommodations Grant Request and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project.

A. Contact Name Clara M. Arnold, President - Festival Coordinator
Title Festival Coordinator
Signature  Date February 20, 2001
Phone Number (s) 864-882-6068

B. Alternate Contact David C. Arnold
Title 
Signature _____ Date February 20, 2001
Phone Number (s) 864-882-6068

DOWNTOWN SENECA MERCHANTS ASSOCIATION

2000 FESTIVAL INCOME AND EXPENSES

INCOME

ATAX Grant	\$4950.00
Wachovia	750.00
Vendors	2590.00
Seneca National Bank	100.00
Dunking booth	192.00
T-Shirts	14.00
Cox Amusements	385.10
City of Seneca	750.00
Oconee Tourism Commission	600.00

\$10,331.10

EXPENSES

Dunking booth	\$99.57
SC Guide	229.30
Toccoa Record	286.34
Seneca Journal	1505.82
	75.56
WGOG	180.00
WHLC	330.00
Gloria Arnold - postage, copying, etc.	254.00
Cox Amusement - Posters	39.00
Anderson Rental All	477.75
Music & sound system	600.00
EMCEE	100.00
Printing - T-shirts	185.85
Art Contest	175.00
City permit	288.00
SC Festival Association	50.00
Robert Bergen (Ad)	300.00
SC Charitable Fee	550.00
Southern Festival Adv.	163.50
Field Insurance	400.00
Banners	420.00

\$6211.07

10/10/10

**OCONEE COUNTY ATAX GRANT
APPLICATION FORM**

FOR TOURISM RELATED PROJECTS

I. APPLICANT

A. Name of Organization West Union Lions Club

B. Address 309 Bethel Church Road

Walhalla SC 29691

II. FUNDS REQUESTED

A. ATAX funds requested \$ 20,000.00

B. Itemized budget for ATAX funds requested (attach on separate sheet)

C. Funds furnished by your organization \$ none

Matching grant \$ none Source

Other Funding \$ 17,700 Source ticket sales, merchandise - see attached budget

III. NARRATIVE PROJECT DESCRIPTION

A. Project Title Lake Hartwell Challenge and Boat Show

B. Description of project A two-day festival event at the YMCA Beach in

Clemson on Lake Hartwell at V Beach will feature a boat show from

companies and dealers across the country. A concert will be featured

on Saturday and other local water related activities will take place.

BUDGET

<u>Income</u>	<u>Fee/Per</u>	<u>Volume</u>	<u>Estimated Income</u>
Ticket Sales	\$5.00	2000	10,000
Sponsors			5,400
Concessions (food vendors)			1,400
Concessions (drink vendors) 25% of profit			500
T-shirts sales			400
ATAK Request			20,000

Potential Income \$37,700

Expenses

Divers	500
Staff motel rooms	310
Printing	1,800
Trophies	400
Tents, tables, chairs	1,200
Publicity (radio, printed, TV)	5,000
Public address system	1,200
Band/music	500
Crane	300
Ice truck	175
T-shirts	600
Telephone, faxes, gas	1,700
NACS & SST-80 (purses)	9,800
APBA	2,065
Port-a-Johns	300
Security \$80 pr hr x 21 hrs.	1,260
YMCA \$500 plus \$20 per hr x 21 hrs	920
Miscellaneous (yellow caution tape, cash boxes, electricity, water, etc.)	1,500

Total Expenses \$30,220

Potential Net Profits \$ 7,480

ATTN:

MRS. MCDONNAIN
ATA X COMMITTEE

P.C. & L AGENCY, INC.

PO BOX 1807
SPARTANBURG, SC 29304
(864) 573-6897
FAX: (864) 583-6218
WWW.PCLAGENCY.COM

Southern Cultral Festival Committee

General Liability

\$1,000,000	General Aggregate
\$1,000,000	Products Aggregate
\$1,000,000	Per/Adv/Inj
\$1,000,000	Each Occurance
\$ 50,000	Fire Damage
\$ 5,000	Medical Exp

Premium \$503.50

Exclusion & Endorsements

Asbestos, Pollution, Punitive Damage, Lead Contamination, Nuclear,
Subsidence of Land, Employment Related Practices

Alisa Bailey
PCL Agency
573-6897

The State of South Carolina
Military Department



OFFICE OF THE ADJUTANT GENERAL

STANHOPE S. SPEARS
MAJOR GENERAL
THE ADJUTANT GENERAL

April 9, 2003

Mr. Henry H. Gordon, Jr., Director
Oconee County Emergency Preparedness Agency
415 South Pine Street
Wallhalla SC 29691

Dear Mr. Gordon:

The South Carolina Emergency Preparedness Division is charged with the responsibility of providing resources for and coordinating support to local governments during emergencies. The allocation of resources around the state depends on emergency service providers lending mutual aid to one another. Currently, *South Carolina has no document in place to act as a governing agreement for the lending or receiving of mutual aid.*

The South Carolina Emergency Preparedness Division (SCEPD) is leading an effort to have a statewide mutual aid agreement put into effect in South Carolina. The SCEPD will be relying heavily on the assistance of the county emergency management directors throughout the state. This effort will be beneficial during preparation for and response to large-scale disasters or weapons of mass destruction events. The benefits will be reaped by every signatory county, municipality, special purpose tax district, or any other entity acting as an emergency service provider. The Statewide Mutual Aid Agreement for Catastrophic Disaster Response and Recovery (the Agreement) is not designed to supersede existing mutual aid agreements or compel action when aid is requested. The Agreement is a document designed to clarify the issues of insurance, liability, payment of costs, and related issues as well as act as a vehicle for the lending and receiving of aid during a major emergency. Fire departments and police departments are not the only entities that may benefit from the Agreement. Emergency medical providers and public works agencies that lend aid during emergencies are also covered when signatories to the Agreement.

During a major emergency there is the potential of exhausting the local resources for response and recovery. Mutual aid is often the tool used to meet the needs of the local government. During any mutual aid operation, both lending and receiving agencies are dependant on a thorough mutual aid agreement.

Emergency Preparedness Division
1100 Fish Hatchery Road
West Columbia, South Carolina 29172
(803) 737-8500 • Fax: (803)-737-8570

Mr. Henry H. Gordon, Jr.

April 9, 2001

Page two

Although insurance companies are aware that emergency service providers are in a business where lending and receiving mutual aid is common, insurance companies have made it clear that an agreement, such as the Statewide Mutual Aid Agreement, is something they encourage. Clarity about insurance coverage is only one advantage of having an agreement ironed out before disaster strikes. The supervision of responding personnel is explained, the questions about liability of either party are explained, and the debate over reimbursement is given guidelines.

Reimbursement is often overlooked in planning for the lending of assistance because of the assumption that the state or federal government will pay all costs back to the lending agency. The Federal Emergency Management Agency (FEMA) offers reimbursement based on the mutual aid agreement in effect for an agency. FEMA will honor a reciprocal agreement if that is what the agencies typically use. However, if a detailed reimbursement agreement is in place, FEMA will honor that. In the Agreement, payment is clearly defined giving FEMA or other reimbursing entities a guideline for repayment.

The implementation of a statewide mutual aid agreement is an extensive project. In order to fall under the coverage of this agreement, every county, municipality, and independent emergency service provider must sign onto the Agreement. Some entities give power to the chairman of a commission or governing council to sign a document of this nature. Other entities require a more extensive process and more signatures. The SCEPD is coordinating an effort among many interested organizations to obtain all of the required signatures. This document has been examined and approved by legal departments statewide as well as the South Carolina Attorney General's Office.

Enclosed are copies of the South Carolina Statewide Mutual Aid Agreement, Attorney General's letter of approval and Guidelines for Implementation. As you review the agreement, feel free to contact Will Moorhead in the CIMC at 803-733-8500 with any questions. After you have obtained the necessary signatures, please forward a copy of the signatory page(s) to SCEPD for recording purposes. The implementation of a Statewide Mutual Aid Agreement is a positive step forward for our state. I ask your assistance and that of your emergency service providers in achieving a higher level of preparedness for our state.

Sincerely,



Ronald C. Osborne
Director

RCC/bb
Enclosures



The State of South Carolina
OFFICE OF THE ATTORNEY GENERAL

CHARLIE CONROY
ATTORNEY GENERAL

February 7, 2001

Mr. Will Moorhead
SC Emergency Preparedness Division
1100 Fish Hatchery Road
West Columbia, SC 29172

Dear Mr. Moorhead:

By your letter of February 6, 2001, you have requested this Office's concurrence as to the meaning of a proposed revision to Section 7 of the South Carolina Statewide Mutual Aid Agreement.

In relevant part, the revised clause provides, "[t]his agreement shall be in effect for one (1) year from the date hereof and is *renewed automatically* in successive one (1) year terms unless terminated upon sixty (60) days advance written notice by the Participating Government." (Emphasis added.) Ordinarily, this Office does not interpret contractual agreements where it has not participated in the negotiation thereof. Nevertheless, based upon the information you provided, I agree with your conclusion that the proposed revision is not only reasonable, but also consistent with the parties' intent to renew this agreement annually without requiring the parties to re-execute the document every twelve months.

I trust this information is responsive to your inquiry and that you will not hesitate to contact me if I can be of further assistance.

Sincerely yours,

A handwritten signature in cursive script that reads "Zeb C. Williams, III".

Zeb C. Williams, III
Deputy Attorney General

ZCW/an



The State of South Carolina
OFFICE OF THE ATTORNEY GENERAL

CHARLES MOLONY CUMMIS
ATTORNEY GENERAL

April 25, 1997

RECEIVED
APR 28 1997
Emergency Preparedness Division
Office of the Adjutant General

Stat M. McKinney, Director
South Carolina Emergency Preparedness Division
Office of the Adjutant General
1429 Senate Street
Columbia, South Carolina 29201

Dear Stat:

As I recently related to Ron Osborne, the Opinions Section has reviewed the draft Statewide Mutual Aid Agreement, and we have no objections to your taking the necessary steps to effect its execution among the State's counties and municipalities. Should you have additional questions, please don't hesitate to contact me.

Sincerely yours,

A handwritten signature in cursive script that reads "Zeb C. Williams, III".

Zeb C. Williams, III
Deputy Attorney General

ZCW,III/an

cc: Mr. Ron Osborne
South Carolina Emergency Preparedness Division
Office of the Adjutant General
1429 Senate Street
Columbia, South Carolina 29201

GUIDELINES FOR IMPLEMENTATION OF THE SC STATEWIDE MUTUAL AID AGREEMENT

SC Emergency Preparedness Division has taken the lead in implementing the *Statewide Mutual Aid Agreement for Catastrophic Disaster Response and Recovery* (the Agreement). We are asking that the primary assistance for implementation come from the county emergency management directors. County directors are being asked to have this agreement signed by the controlling body in their county. Signatures from every municipality and every special purpose tax district are necessary. Therefore, it is imperative that all of these entities actually sign the agreement. To alleviate confusion and to expedite this process we have compiled a suggested list of guidelines for you to follow. This list should lessen confusion and help insure that all necessary entities are involved.

- Compile a list of the county, all municipalities, and all special purpose tax districts or independent emergency service providers within your county and return that to the designated point of contact at SCEPD. The designated point of contact will be Will Moorhead in the Critical Incident Management Group, 803-737-8745.
- In order to obtain the requisite signatures within the county you will need to have the governing body of the entity sign the document. This will necessitate you approaching the county council, city or town councils, and commissions governing special purpose tax districts for a signature. It is possible for only the chairman of some of these bodies to sign the agreement depending on their bylaws or rules.
- Have the entity use the signature page of the agreement to sign onto the Agreement, page 15 in the Agreement. A new copy of the Agreement may be used for each entity or the same signatory page and additional pages may be used.
- As each signature is obtained a copy of the latest signatory page or of the individual page should be sent to SCEPD. The purpose for this is so that there will be a central file of signatory pages and the submitted lists of entities in your county can be monitored to evaluate the status of implementation.
- Obtain the required insurance information. That requirement is spelled out on page twelve of the agreement. There are different requirements depending on the type of insurance the entity carries.
- Send a copy of the insurance information to SCEPD with the signature pages.
- Do not hesitate to call Will Moorhead with questions or for clarification of the process.

This is an excellent opportunity to build or further relationships with your county government. This project should bring to the minds of each entity what emergency management does and how necessary it is. In order to help with these meetings some bullet "sales points" are included below. These points may be used in coordination with the included copy of the agreement, the

letter of explanation, and the letters from the Attorney General. The points below are to help clearly illustrate with consistency statewide the advantages of this agreement.

- Issues such as liability, workers compensation, and reimbursement are clarified by implementing a statewide agreement. This is important for post-event reimbursement as well as for investigations into accidents or response during the event.
- Compiling an inventory of resources and not having to deal with individual mutual aid agreements can accomplish an important aspect of preplanning for major events. Entities will be able to respond when requested under this agreement without worry about liability, insurance, and issues similar to these.
- Federal reimbursement relies on the existing mutual aid agreement between two entities. For example, if two entities operate on a reciprocal agreement then FEMA would honor that agreement during a disaster. With the statewide agreement mutual aid is effectuated under a payment basis during large-scale events. *This does not mean that payment won't be due by the receiving agency or the state if federal money isn't available, only that large-scale events will put this agreement into effect. Once in effect there is a standard for reimbursement. If no agreement is in place then there is no guideline for payment to follow and many of the other issues remain unclear.*
- Existing agreements will not be overridden. Large-scale events, defined in the agreement, will be the only times this agreement is used.
- For the largest 14 counties who are receiving WMD grant money in the first rounds of grants, assistance with implementation of this agreement is part of the scope of work for that grant money.
- Commonly small entities are more likely to need aid. It is important for both receiving and lending entities to sign the agreement. If an entity feels it has nothing to give it is important to stress that this is also clarification of payment and broadening of available resources in the event the entity most receive aid.
- The planning of mutual aid and resource allocation is accomplished before a disaster thereby reducing the number of actions that must be taken by a governing body during a major disaster.
- A statewide agreement helps with implementation of statewide or regional resource allocation programs for emergencies such as the Firefighter Mobilization Act, which has adopted the Agreement as its mutual aid vehicle.
- The Attorney General has approved this document.
- There are various agencies supporting this document: SC Emergency Preparedness, SC Fireman's Association, the Association of Counties, the Municipal Association, the Association of Special Purpose Tax Districts, the SC Fire Chief's Association, and more.

STATE OF SOUTH CAROLINA
STATEWIDE MUTUAL AID AGREEMENT
FOR
CATASTROPHIC DISASTER RESPONSE AND RECOVERY

THIS AGREEMENT IS ENTERED INTO BETWEEN THE STATE OF SOUTH CAROLINA, EMERGENCY PREPAREDNESS DIVISION, AND BY AND AMONG EACH COUNTY AND MUNICIPALITY THAT EXECUTES AND ADOPTS THE TERMS AND CONDITIONS CONTAINED HEREIN, BASED UPON THE FOLLOWING FACTS:

WHEREAS, the South Carolina Constitution, Article VIII, Section 13, provides that any county, incorporated municipality, or other political subdivision may agree with the State or with any other political subdivision for the joint administration of any function and exercise of powers and the sharing of the costs thereof; and

WHEREAS, the South Carolina Code of Laws, Section 25-1-450, requires that State, county and municipal governments shall cooperate in developing and maintaining a plan for mutual assistance in emergencies; and

WHEREAS, the South Carolina Code of Laws, Section 6-11-1810, provides that any municipality, fire district, fire protection agency, or other emergency service entity may provide mutual aid assistance, upon request, from any other municipality, fire district, fire protection agency, or other emergency service delivery system in South Carolina at the time of a significant incident such as fire, earthquake, hurricane, flood, tornado, hazardous material event, or other such disaster; and

WHEREAS, the State of South Carolina is geographically vulnerable to hurricanes, tornadoes, flooding, and other natural disasters that in the past have caused severe disruption of essential human services and severe property damage to public roads, utilities, buildings, parks, and other government-owned facilities; and

WHEREAS, the Parties to this agreement recognize that additional manpower and equipment may be needed to mitigate further damage and restore vital services to the citizens of the affected community should such disasters occur; and

WHEREAS, to provide the most effective mutual aid possible, each Participating Government intends to foster communications between the personnel of the other Participating Government by visits, compilation of asset inventories, exchange of information, and development of plans and procedures to implement this Agreement;

NOW, THEREFORE, the Parties hereto agree as follows:

SECTION 1. DEFINITIONS

A. **AGREEMENT** - the Statewide Mutual Aid Agreement for Emergency Response/Recovery. Political subdivisions of the State of South Carolina may become a party to this Agreement by executing a copy of this Agreement and providing a copy with original signatures and authorizing resolution(s) to the State of South Carolina Emergency Preparedness Division. Copies of the Agreement with original signatures and copies of authorizing resolutions and insurance letters shall be filed and maintained at the Division headquarters in Columbia, South Carolina.

B. **REQUESTING PARTY** - the Participating Government entity requesting aid in the event of an emergency. Each municipality must coordinate requests for State or Federal emergency response assistance through its county.

C. **ASSISTING PARTY** - the Participating Government entity furnishing equipment, services and/or manpower to the Requesting Party.

D. **AUTHORIZED REPRESENTATIVE** - an employee of a participating government who is authorized in writing by that government to request, offer, or provide assistance under the terms of this Agreement. The list of authorized representatives for the participating government executing this Agreement shall be attached as Exhibit A and shall be updated as needed by each participating government.

E. **DIVISION** - the South Carolina Emergency Preparedness Division, Office of the Adjutant General.

F. **EMERGENCY** - any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, which results in substantial injury or harm to the population, or substantial damage to or loss of property.

G. **DISASTER** - any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude as to result in a declaration of a state of emergency by a county, Governor, or the President of the United States.

EE. **PARTICIPATING GOVERNMENT** - the State of South Carolina, any county, municipality, political subdivision, or emergency service entity of the State of South Carolina which executes this Mutual Aid Agreement and supplies a complete executed copy, as stated herein, to the Division.

I. **PERIOD OF ASSISTANCE** - the period of time beginning with the departure of any personnel of the Assisting Party, from any point, for the purpose of traveling to the Requesting Party in order to provide assistance, and ending upon the return of all personnel and equipment of the Assisting Party, after providing the assistance requested, to their residence or

regular place of work, whichever occurs first. The period of assistance shall not include any portion of the trip to the Requesting Party or the return trip from the Requesting Party, during which the personnel of the Assisting Party are engaged in a course of conduct not reasonably necessary for their safe arrival at, or return from, the Requesting Party.

J. **WORK OR WORK-RELATED PERIOD** - any period of time in which either the personnel or equipment of the Assisting Party are being used by the Requesting Party to provide assistance and for which the Requesting Party will reimburse the Assisting Party. Specifically included within such periods of time are rest breaks after which the personnel of the Assisting Party shall return to active work within a reasonable time. Specifically excluded from such periods of time are breakfast, lunch and dinner breaks.

K. **MAJOR DISASTER** - a disaster that will likely exceed local capabilities and require a broad range of State and Federal assistance.

SECTION 2. PROCEDURES

When a Participating Government either becomes affected by or is under imminent threat of a major disaster, it may invoke emergency-related mutual aid assistance either by: 1) declaring a state of local emergency and transmitting a copy of that declaration to the Assisting Party or to the Division, or 2) by orally communicating a request for mutual aid assistance to the Assisting Party or to the Division, followed as soon as practicable by written confirmation of said request. Mutual aid shall not be requested by any Participating Government unless resources available within the stricken area are deemed inadequate by that Participating Government. Municipalities shall coordinate requests for State or Federal assistance with their County Emergency Management Agencies. All requests for mutual aid shall be transmitted by

the Authorized Representative or the Director of the County Emergency Management Agency. Requests for assistance may be communicated either to the Division or directly to an Assisting Party. Requests for assistance under this Agreement shall be limited to major disasters, except where the Participating Government has no other mutual aid agreement for the provision of assistance related to emergencies or disasters, in which case a Participating Government may request assistance related to any disaster or emergency, pursuant to the provisions of this Agreement.

A. REQUESTS DIRECTLY TO ASSISTING PARTY: The Requesting Party may directly contact the authorized representative of the Assisting Party and shall provide them with the information in paragraph C below. All communications shall be conducted directly between Requesting Party and Assisting Party. Each party shall be responsible for keeping the Division advised of the status of the response activities.

B. REQUESTS ROUTED THROUGH, OR ORIGINATING FROM, THE DIVISION: The Requesting Party may directly contact the Division, in which case it shall provide the Division with the information in paragraph C below. The Division may then contact other Participating Governments on behalf of the Requesting Party and coordinate the provision of mutual aid. The Division shall not be responsible for costs associated with such indirect requests for assistance, unless the Division so indicates in writing at the time it transmits the request to the Assisting Party. In no event shall the Division or the State of South Carolina be responsible for costs associated with assistance in the absence of appropriated funds. In all cases, the party receiving the mutual aid shall be primarily responsible for the costs incurred by any Assisting Party providing assistance pursuant to the provisions of this agreement.

C. **REQUIRED INFORMATION:** Each request for assistance shall be accompanied by the following information to the extent known:

1. A general description of the damage sustained;
2. Identification of the emergency service function for which assistance is needed (e.g., fire, law enforcement, emergency medical, transportation, communications, public works and engineering, building, inspection, planning and information assistance, mass care, resource support, health and other medical services, search and rescue, etc.) and the type of assistance needed;
3. Identification of the public infrastructure system for which assistance is needed (e.g., sanitary sewer, potable water, streets, or storm water systems) and the type of work assistance needed;
4. The amount and type of personnel, equipment, materials, and supplies needed, and a reasonable estimate of the length of time they will be needed;
5. The need for sites, structures or buildings outside the Requesting Party's jurisdictional boundaries to serve as relief centers or staging areas for incoming emergency goods and services; and
6. An estimated time and a specific place for a representative of the Requesting Party to meet the personnel and equipment of any Assisting Party.

This information may be provided on the form attached as Exhibit B, or by any other available means. The Division may revise the format of Exhibit B subsequent to the execution of this Agreement, in which case it shall distribute copies to all Participating Governments.

D. **ASSESSMENT OF AVAILABILITY OF RESOURCES AND ABILITY TO RENDER ASSISTANCE:** When contacted by a Requesting Party or the Division, the

authorized representatives of any Participating Government agree to assess their government's situation to determine availability of personnel, equipment, and other resources. All Participating Governments shall render assistance to the extent that personnel, equipment, and resources are available. Each Participating Government agrees to render assistance in accordance with the terms of this Agreement to the fullest extent possible. When the authorized representative determines that his Participating Government has available personnel, equipment, or other resources, the authorized representative shall so notify the Requesting Party or the Division, whichever communicated the request, and provide the information below. The Division shall, upon response from sufficient participating parties to meet the needs of the Requesting Party, notify the authorized representative of the Requesting Party and provide them with the following information to the extent known:

1. A complete description of the personnel, equipment, and materials to be furnished to the Requesting Party;
2. The estimated length of time the personnel, equipment, and materials will be available;
3. The areas of experience and abilities of the personnel and the capability of the equipment to be furnished;
4. The name of the person or persons to be designated as supervisory personnel; and
5. The estimated time when the assistance provided will arrive at the location designated by the authorized representative of the Requesting Party.

F. SUPERVISION AND CONTROL: The personnel, equipment and resources of any Assisting Party shall remain under operational control of the Requesting Party for the area

in which they are serving. Direct supervision and control of said personnel, equipment and resources shall remain with the designated supervisory personnel of the Assisting Party. Representatives of the Requesting Party shall provide work tasks to the supervisory personnel of the Assisting Party. The designated supervisory personnel of the Assisting Party shall have the responsibility and authority for assigning work and establishing work schedules for the personnel of the Assisting Party, based on task or mission assignments provided by the Requesting Party and the Division. The designated supervisory personnel of the Assisting Party shall maintain daily personnel time records, material records, and a log of equipment hours; be responsible for the operation and maintenance of the equipment and other resources furnished by the Assisting Party; and shall report work progress to the Requesting Party. The Assisting Party's personnel and other resources shall remain subject to recall by the Assisting Party at any time, subject to reasonable notice to the Requesting Party and the Division. At least twenty-four hour advance notification of intent to withdraw personnel or resources shall be provided to the Requesting Party, unless such notice is not practicable, in which case such notice as is reasonable shall be provided.

F. FOOD; HOUSING; SELF-SUFFICIENCY: Unless specifically instructed otherwise, the Requesting Party shall have the responsibility of providing food and housing for the personnel of the Assisting Party from the time of their arrival at the designated location to the time of their departure. However, Assisting Party personnel and equipment should be, to the greatest extent possible, self-sufficient for operations in areas stricken by emergencies or disasters. The Requesting Party may specify only self-sufficient personnel and resources in its request for assistance.

G. **COMMUNICATIONS:** Unless specifically instructed otherwise, the Requesting Party shall have the responsibility for coordinating communications between the personnel of the Assisting Party and the Requesting Party. Assisting Party personnel should be prepared to furnish communications equipment sufficient to maintain communications among their respective operating units.

H. **RIGHTS AND PRIVILEGES:** Whenever the employees of the Assisting Party are rendering outside aid pursuant to this Agreement, such employees shall have the powers, duties, rights, privileges, and immunities, and shall receive the compensation incidental to, their employment.

I. **WRITTEN ACKNOWLEDGMENT:** The Assisting Party shall complete a written acknowledgment regarding the assistance to be rendered, setting forth the information transmitted in the request, and shall transmit it by the quickest practical means to the Requesting Party or the Division, as applicable, for approval. The form to serve as this written acknowledgment is attached as Exhibit C. The Requesting Party/Division shall respond to the written acknowledgment by executing and returning a copy to the Assisting Party by the quickest practical means, maintaining a copy for its files.

SECTION 3. REIMBURSABLE EXPENSE

The terms and conditions governing reimbursement for any assistance provided under this Agreement shall be in accordance with the following provisions, unless otherwise agreed upon by the Requesting and Assisting Parties, and specified in the written acknowledgment executed in accordance with paragraph I., Section 2, of this Agreement. The Requesting Party shall be ultimately responsible for reimbursement of all reimbursable expenses.

A. **PERSONNEL:** During the period of assistance, the Assisting Party shall continue to pay its employees according to its then prevailing ordinances, rules, and regulations. The Requesting Party shall reimburse the Assisting Party for all direct and indirect payroll costs and expenses (including travel expenses) incurred during the period of assistance, including but not limited to employee pensions and benefits as provided by Generally Accepted Accounting Principles (GAAP). However, the Requesting Party shall not be responsible for reimbursing any amounts paid or due as benefits to employees of the Assisting Party under the terms of the South Carolina Workers' Compensation Act due to personal injury or death occurring while such employees are engaged in rendering aid under this Agreement. Both the Requesting Party and the Assisting Party shall be responsible for payment of such benefits only to their respective employees.

B. **EQUIPMENT:** The Assisting Party shall be reimbursed by the Requesting Party for the use of its equipment during the period of assistance according to either a pre-established local or State hourly rate, or according to the actual replacement, operation, and maintenance expenses incurred. For those instances in which costs are reimbursed by the Federal Emergency Management Agency (FEMA), the eligible direct costs shall be determined in accordance with 44 CFR 206.228. The Assisting Party shall pay for all repairs to its equipment as determined necessary by its on-site supervisor(s) to maintain such equipment in a safe and operational condition. At the request of the Assisting Party, fuels, miscellaneous supplies, and minor repairs may be provided by the Requesting Party, if practical. The total equipment charges to the Requesting Party shall be reduced by the total value of the fuels, supplies, and repairs furnished by the Requesting Party, and by the amount of any insurance proceeds received by the Assisting Party.

C. **MATERIALS AND SUPPLIES:** The Assisting Party shall be reimbursed for all materials and supplies furnished by it and used or damaged during the period of assistance, except for the costs of equipment, fuel and maintenance materials, labor and supplies, which shall be included in the equipment rate established in Section 3, B. above, unless such damage is caused by gross negligence, willful and wanton misconduct, intentional misuse, or recklessness of the Assisting Party's personnel. The Assisting Party's personnel shall use reasonable care under the circumstances in the operation and control of all materials and supplies used by them during the period of assistance. The measure of reimbursement shall be determined in accordance with 44 CFR 206.228. In the alternative, the Parties may agree that the Requesting Party will replace, with like kind and quality as determined by the Assisting Party, the materials and supplies used or damaged. If such an agreement is made, it shall be done so in writing and transmitted to the Division.

D. **RECORD KEEPING:** The Assisting Party shall maintain records and submit invoices for reimbursement by the Requesting Party or the Division using the format used or required by FEMA publications, including 44 CFR, Part 13, and applicable Office of Management and Budget Circulars. Requesting Party and Division finance personnel shall provide information, directions, and assistance for record keeping to Assisting Party personnel.

E. **PAYMENT:** Unless otherwise mutually agreed in the written acknowledgment executed in accordance with paragraph 1, Section 2, or a subsequent written addendum to the acknowledgment, the Assisting Party shall bill the Requesting Party for all reimbursable expenses, with an itemized notice, as soon as practicable after the expenses are incurred, but not later than sixty (60) days following the period of assistance, unless the deadline for identifying damage is extended in accordance with 44 CFR, Part 206. The Requesting Party shall pay the

bill, or advise of any disputed items, not later than sixty (60) days following the billing date. These time frames may be modified by mutual agreement. This shall not preclude an Assisting Party or Requesting Party from assuming or donating, in whole or in part, the costs associated with any loss, damage, expense or use of personnel, equipment and resources provided by a Requesting Party.

SECTION 4. INSURANCE

Each Participating Government shall bear the risk of its own actions, as it does with its day-to-day operations, and determine for itself what kinds of insurance, and in what amounts, it should carry. If a Participating Government is insured, its file shall contain a letter from its insurance carrier authorizing it to provide and receive assistance under this Agreement, and indicating that there will be no lapse in its insurance coverage, either on employees, vehicles, or liability. If a Participating Government is self-insured, its file shall contain a copy of a resolution authorizing its self-insurance program. A copy of the insurance carrier's letter or the resolution of self-insurance shall be attached to the executed copy of this Agreement which is filed with the Division. Each Assisting Party shall be solely responsible for determining that its insurance is current and adequate prior to providing assistance under this Agreement. The amount of reimbursement from the Requesting Party shall be reduced by the amount of any insurance proceeds to which the Assisting Party is entitled as a result of losses experienced in rendering assistance pursuant to this Agreement.

SECTION 5. LIABILITY

To the extent permitted by law, and without waiving sovereign immunity, each Party to this Agreement shall be responsible for any and all claims, demands, suits, actions, damages, and causes of action related to or arising out of or in any way connected with its own actions,

and the actions of its personnel, in providing mutual aid assistance rendered or performed pursuant to the terms and conditions of this Agreement.

SECTION 6. LENGTH OF TIME FOR EMERGENCY

The duration of such state of emergency declared by the Requesting Party is limited to seven (7) days. It may be extended, if necessary, in seven (7) day increments.

SECTION 7. TERM

This Agreement shall be in effect for one (1) year from the date hereof and is renewed automatically in successive one (1) year terms unless terminated upon sixty (60) days advance written notice by the Participating Government. Notice of such termination shall be made in writing and shall be served personally or by registered mail upon the Director, South Carolina Emergency Preparedness Division, Office of the Adjutant General, Columbia, South Carolina, which shall provide copies to all other Participating Governments. Notice of termination shall not relieve the withdrawing Participating Government from obligations incurred hereunder prior to the effective date of the withdrawal and shall not be effective until sixty (60) days after notice thereof has been sent by the Director, South Carolina Emergency Preparedness Division, Office of the Adjutant General, to all other Participating Governments.

SECTION 8. EFFECTIVE DATE OF THIS AGREEMENT

This Agreement shall be in full force and effect upon approval by the Participating Government and upon proper execution thereof.

SECTION 9. ROLE OF SOUTH CAROLINA EMERGENCY PREPAREDNESS DIVISION

The responsibilities of the South Carolina Emergency Preparedness Division, Office of the Adjutant General, under this Agreement are to: 1) request mutual aid on behalf of a

Participating Government, under the circumstances identified in this Agreement; 2) coordinate the provision of mutual aid to a requesting party, pursuant to the provisions of this Agreement; 3) serve as the eligible entity for requesting reimbursement of eligible costs from FEMA, upon a Presidential disaster declaration; 4) serve as central depository for executed Agreements; 5) maintain a current listing of Participating Governments with their authorized representative and contact information, and to provide a copy of the listing to each of the Participating Governments on an annual basis during the second quarter of the calendar year.

SECTION 10. SEVERABILITY; EFFECT ON OTHER AGREEMENTS

Should any portion, section, or subsection of this Agreement be held to be invalid by a court of competent jurisdiction, that fact shall not affect or invalidate any other portion, section or subsection and the remaining portions of this Agreement shall remain in full force and effect without regard to the section, portion, or subsection or power invalidated.

In the event that any parties to this Agreement have entered into other mutual aid agreements or inter-local agreements, those parties agree that said agreements are superseded by this Agreement only for emergency management assistance and activities performed in major disasters, pursuant to this Agreement. In the event that two or more parties to this Agreement have not entered into another mutual aid agreement, and the parties wish to engage in mutual aid, then the terms and conditions of this Agreement shall apply unless otherwise agreed between those parties.

IN WITNESS THEREOF, the parties set forth below have duly executed this Agreement on the date set forth below:

ATTEST:
CLERK OF THE CIRCUIT COURT

COUNTY OF
SOUTH CAROLINA

By: _____
Deputy Clerk

By: _____
Chairman/Administrator

APPROVED AS TO FORM:
Office of the County Attorney

By: _____

EXECUTED BY THE FOLLOWING PARTICIPATING LOCAL GOVERNMENTS IN _____, COUNTY (attached authorizing resolution or ordinance and insurance letter or resolution for each).

_____	, by _____	_____
Jurisdictional Subdivision	Authorized Official	Date
_____	, by _____	_____
Jurisdictional Subdivision	Authorized Official	Date
_____	, by _____	_____
Jurisdictional Subdivision	Authorized Official	Date
_____	, by _____	_____
Jurisdictional Subdivision	Authorized Official	Date
_____	, by _____	_____
Jurisdictional Subdivision	Authorized Official	Date
_____	, by _____	_____
Jurisdictional Subdivision	Authorized Official	Date

ACKNOWLEDGED AND AGREED BY THE SOUTH CAROLINA EMERGENCY PREPAREDNESS DIVISION, OFFICE OF THE ADJUTANT GENERAL,

By: _____ Date _____
Director

**STATEWIDE MUTUAL AID AGREEMENT
EXHIBIT A: AUTHORIZED REPRESENTATIVES**

Date: _____

Name of Government: _____

Mailing Address: _____

City, State, Zip: _____

Authorized Representatives to Contact for Emergency Assistance:

Primary Representative:

Name: _____

Title: _____

Address: _____

Day Phone: () _____

Night Phone: () _____

FAX No.: _____

1st Alternate Representative:

Name: _____

Title: _____

Address: _____

Day Phone: () _____

Night Phone: () _____

2nd Alternate Representative:

Name: _____

Title: _____

Address: _____

Day Phone: () _____

Night Phone: () _____

STATEWIDE MUTUAL AID AGREEMENT
EXHIBIT B: REQUIRED INFORMATION

Each request for assistance shall be accompanied by the following information, to the extent known:

1. General description of the damage sustained:

2. Identification of the emergency service function for which assistance is needed (e.g., fire, law enforcement, emergency medical, transportation, communications, public works and engineering, building, inspection, planning, and information assistance, mass care, resource support, health and other medical services, search and rescue, etc.) and the particular type of assistance needed:

EXHIBIT B - REQUIRED INFORMATION (continued)

3. Identification of the public infrastructure system for which assistance is needed (e.g., sanitary sewer, portable water, streets, or storm water systems) and the type of work assistance needed:

4. The amount and type of personnel, equipment, materials, and supplies needed and a reasonable estimate of the length of time they will be needed:

5. The need for sites, structures or buildings outside the Requesting Party's jurisdictional boundaries to serve as relief centers or staging areas for incoming emergency goods and services:

EXHIBIT B - REQUIRED INFORMATION (continued)

6. An estimated time and specific place for a representative of the Requesting Party to meet the personnel and equipment of any Assisting Party.

STATEWIDE MUTUAL AID AGREEMENT

EXHIBIT C: ACKNOWLEDGMENT

To be completed by each Assisting Party:

NAME OF ASSISTING PARTY: _____

AUTHORIZED REPRESENTATIVE: _____

CONTACT NUMBER/PROCEDURES: _____

1. Assistance to be provided:

Resource Type	Amount	Assignment	Est. Time of Arrival
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Availability of additional resources:

3. Time limitations, if any:

OCONEE COUNTY FINANCE DEPARTMENT

MEMORANDUM

To: Opal Green
CC: Phyllis Lombard
Melissa Brown
FROM: Linda Shugart
DATE: April 25, 2001
SUBJECT: COPS in Schools 2001

We have attached an application for County Council's review. The "COPS in Schools 2001" program, through the US Department of Justice, is designed to assist law enforcement agencies seeking to add additional career law enforcement officers as School Resource Officers to engage in community policing. If approved, we will seek funding for \$127,070.00, which will be disbursed over a three year period. The Department of Justice will fund \$125,000 with the County's portion of \$2,070. At the end of the three-year period, the police department will be totally responsible for funding the officer hired under this grant.

Please place the attached item on the May 1, 2001 Oconee County Council meeting agenda. Should you need additional information, please do not hesitate to call me.

LINDA SHUGART, GRANTS COORDINATOR



COPS in Schools Grant Program Budget Information

Applicant Name: _____

OSM Code Assigned by FBlle: _____

State: _____

This worksheet will assist you in properly organizing and estimating your costs and providing the necessary details for financial review. Complete this if you are requesting funds for full-time officers. Part 2 is for those requesting part-time officers, and both parts if you are requesting full-time officers. (See your FBlle for a Budget Narrative. Please attach each column to the request folder.)

The budget information you provide will be used to calculate your grant amount. Assistance in developing this information is available from the U.S. Department of Justice Response Center at 1-800-421-6771, or by writing the OIG/PS Office, 1105 Vermont Avenue, N.W., Washington, DC, 20535. Also, you can refer to the sample budgets included in this application kit. OMB Approval Number: 1103-0027.

Part 1: Complete if you are requesting full-time officers

1.0 Full-Time Officers - Year 1

Officers (3,000 Annual Base Salary) \$ 27,807

71 % of base salary

Annual fringe benefits

• Social Security	\$ 2,127	% 6
• Medicare	\$ 3,326	% 8
• Health Insurance		
• Life Insurance		
• Vacation		
• Sick Leave	\$ 1,176	% 3
• Retirement	\$ 2,975	% 5
• Workers' Comp.	\$ 1,810	% 5
• Unemployment Ins.		
• Other		
• Other		
Total fringe benefits	\$ 11,412	
Total Year 1 Salary and Benefits	\$ 39,219	

Instructions:

Please indicate the Law Enforcement Agency's cost for each of the following categories. Please do not include employee contribution costs.

Enter the base annual salary that your department currently pays a new entry-level officer.

- Cost for Social Security may not exceed 6.2%
- Cost for Medicare may not exceed 1.45%
- Costs toward health insurance coverages please indicate if this is for Family Coverage (Yes / No / N/A)
- Costs toward life insurance coverage
- Maximum costs if not included in base salary
- SEAs have costs if not included in base salary
- Contribution to retirement benefits
- Costs of worker's compensation
- Costs of unemployment insurance
- Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Sum of department fringe benefit costs for Year 1
Year 1 base salary plus Year 1 fringe benefits

Department Name:

2. Cost for Full-Time Officer - Year 2
 Current Annual Entry-Level Base Salary \$ 28,473

70% of base salary

Annual Fringe Benefits:		
*Social Security	\$ 2,255	% 8
* Medicare	\$ 3,234	% 9
Health Insurance		
Life Insurance		%
Vacation	\$ 567	% 2
Sick Leave	\$ 1,360	% 4
Retirement	\$ 3,153	% 5
*Worker's Comp	\$ 1,918	% 3
*Unemployment Ins	\$	%
Other	\$	%
Other	\$	%

Costs for Social Security may not exceed 6.2%
 Cost for Medicare may not exceed 1.45 %
 Costs toward health insurance coverage, please indicate if this is for a new, entry-level officer.
 Family Coverage () Yes () No
 Costs toward life insurance coverage
 Vacation costs, if not included in base salary
 Sick leave costs, if not included in base salary
 Contribution to retirement benefits
 Costs of worker's compensation
 Costs of unemployment insurance
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits \$ 12,487
 Total Year 2 Salary and Benefits \$ 41,962

Sum of department fringe benefit costs for Year 2.
 Year 2 base salary plus Year 2 fringe benefits

1. Cost for Full-Time Officer - Year 3
 Current Annual Entry-Level Base Salary \$ 31,992

70% of base salary

Annual Fringe Benefits:		
*Social Security	\$ 2,447	% 6
* Medicare	\$ 3,234	% 9
Health Insurance		
Life Insurance		%
Vacation	\$ 1,231	% 3
Sick Leave	\$ 1,677	% 3
Retirement	\$ 3,423	% 5
*Worker's Comp	\$ 2,082	% 5
*Unemployment Ins	\$	%
Other	\$	%
Other	\$	%

Cost for Social Security may not exceed 6.2%
 Cost for Medicare may not exceed 1.45 %
 Costs toward health insurance coverage, please indicate if this is for a new, entry-level officer.
 Family Coverage () Yes () No
 Costs toward life insurance coverage
 Vacation costs, if not included in base salary
 Sick leave costs, if not included in base salary
 Contribution to retirement benefits
 Costs of worker's compensation
 Costs of unemployment insurance
 Costs of equipment, training, uniforms, vehicles and overtime are not permitted.

Total Fringe Benefits \$ 13,897
 Total Year 3 Salary and Benefits \$ 45,889

Sum of department fringe benefit costs for Year 3.
 Year 3 base salary plus Year 3 fringe benefits

Part 3. CUES in Schools Grant Program - Budget Summary

After completing Part 1 and/or Part 2 of this form, answer the following questions. If necessary, attach an explanation of how you computed salaries and benefits for the worksheet. Be sure to answer **EVERY** question. Missing or erroneous information **will** greatly slow the grant-making process.

1. If your department's second- and third-year costs for salaries and/or benefits are greater than the first year, check the reason(s) why in the space below.

Cost of living adjustment (COLA) Step raises Changes in benefit costs Other (attach an explanation)

2. Please enter the name of your Federal Cognizant Agency in the space provided:

(State and municipal agencies that receive Federal grants are required to have audits of those grants forwarded to a single Federal agency (Justice, HUD, HHS, Transportation, etc.). The single Federal agency where such audits are sent is known as your "Cognizant Federal Agency." For assistance in determining which Federal agency receives your audits, call 1-800-421-6770.)

3. Starting date of your fiscal year: 07/01/11 Ending date: 06/30/12
 Month/Day/Year Month/Day/Year

4. IF NO FUNDS WERE BUDGETED FOR FICA, (SOCIAL SECURITY, MEDICARE), WORKER'S COMPENSATION OR UNEMPLOYMENT YOU MUST PROVIDE AN EXPLANATION IN THE SPACE PROVIDED:

5. Fill out the following 3-year projection, showing how the Federal share and your state will change year by year for one officer. If your total three-year project cost per officer is less than \$125,000 or less than three percent, then there is no local match. If your total three-year project cost per officer is greater than \$125,000 then your local state is the difference between the total project cost and \$125,000. In cases where there is a local match requirement, the Federal share of total salaries and benefits must decrease each year leading to full local funding by the fourth year of an officer's employment. At the same time, your local share must increase each year. The percentage of total officer salaries and benefits paid with Federal funds must be 99% in Year 1 and less in Year 2 than in Year 1 and more in Year 3 than in Year 2. Looking at it from the local funding perspective, the percentage of total officer salaries and benefits paid with local funds must be more in Year 2 than in Year 1 and more in Year 3 than in Year 2.

Federal Share Requirement for One Full-time Officer's Salary and Benefits

	YEAR 1	YEAR 2	YEAR 3	TOTAL 3 YEARS
Federal Amount	\$ 27,807	\$ 41,462	\$ 44,519	\$ 113,788
Percentage must decrease each year and Federal Amount may not exceed \$125,000	9%	9%	9%	9%
Local Share	\$ 0	\$ 500	\$ 1,270	\$ 1,770
Percentage must increase each year	0%	2%	6%	6%
Total (Federal Amount plus Local Amount)	\$ 27,807	\$ 41,962	\$ 45,789	\$ 115,558
Year 1 total		Year 2 total	Year 3 total	Total 3-year costs

Federal Share Requirement for One Part-time Officer's Salary and Benefits

	YEAR 1	YEAR 2	YEAR 3	TOTAL 3 YEARS
Federal Amount	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Percentage must decrease each year	0%	0%	0%	0%
Local Share	\$ 0	\$ 0	\$ 0	\$ 0
Percentage must increase each year	0%	0%	0%	0%
Total (Federal Amount plus Local Amount)	\$ N/A	\$ N/A	\$ N/A	\$ N/A
Year 1 total		Year 2 total	Year 3 total	Total 3-year costs

Contact Information for Budget Questions

The undersigned attests to the accuracy of the Budget Information submitted on the preceding pages.

Name (typed or Authored Official) Phyllis Lombard Title Finance Director
 Phone (864) 638-4235 Fax (864) 728-1022
 Signature *Phyllis Lombard* Date _____
 Email plombard@arcnncsc.com

The School District of Oconee County and the Oconee County Sheriff's Department agree to the conditions as specified. The officer will be placed at the Oakway Middle School for the school year 2001-2002. The officer will be employed on site each day of student attendance and an additional 20 days. This will not preclude the Sheriff's Department from temporarily dispatching the officer to another location in the event of an emergency.

This agreement is effective for this school year and will be subject to annual review by both parties prior to consideration for renewal. This agreement may be terminated at any time due to lack of state funding.


Buddy G. Herring, Superintendent
School District of Oconee County

Date: 4-26-01


Steve Pruitt
Oconee County Chief Deputy

Date: 4-26-01

Please complete the information below. Each item or question must be answered in full. All requested information must be typed.

Previous editions of this application are obsolete and may not be used.

I. General Information

Applicant Organization's Legal Name: Oconee County Law Enforcement Center

Applicant Agency EIN Number (assigned by the IRS; this number should be nine digits): 51-6000391
If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your Internal Revenue Service EIN number should be used. For further clarification, please refer to your Application Instruction Manual, page 3.

Applicant Agency ORI Number: _____
Assigned by the FBI for ICR reporting. This number should be seven digits long, beginning with the two letters of your state abbreviation. For further clarification, please refer to your Application Instruction Manual, page 3.

Federal Congressional District Number(s): Congressional District #3

Are you contracting for law enforcement services? Yes No
If "yes," enter the name and agency information of the contract law enforcement department in the Executive Information section below. If "no," further clarification to determine if this applies to your agency, please refer to the Application Instruction Manual, page 4.

II. Executive Information

(Note: Please list the highest ranking official for each category.)

Law Enforcement Executive's Name: Steve Pruitt
Title: Chief Deputy Agency Name: Oconee County Law Enforcement
Address: 415 S. Pine Street
City: Walhalla State: SC Zip Code: 29691-2145
Telephone: (864) 638-4117 Fax: (864) 638-4208
Email Address: sepruitt@oconee.net

Type of Police Agency:

Municipal State County PD Sheriff* Tribal* Transit*
 School* University/College* (Public or Private?)
 Public Housing* New Start-LP* (please specify type of agency): _____
 Other* (please specify): _____

**Departments operating from agency's funds with an asterisk next to them must complete the additional information questionnaires contained in the Application Kit. This additional information must be submitted with your application.*

Government Executive's Name: Ann H. Hughes
Title: Oconee County Supervisor Name of Government Entity: Oconee County
Address: 415 S. Pine Street
City: Walhalla State: SC Zip Code: 29691-2145
Telephone: (864) 638-4242 Fax: (864) 638-4241
Email Address: ahughes@oconeesc.com

Type of Government Entity:

- State City Town County Village
 Borough Township Territory Region Council
 Community Pueblo Nation School District
 Other (please specify):

Contact Information:

Name of contact person in your department who is familiar with this grant:

Title: Linda Shugart
Grants Coordinator Email Address: Lshugart@coconee.edu
 Telephone: (864) 638-4236 Fax: (864) 718-1022

III. Partner Information

Under the COPS in Schools grant program, applicants must enter into a partnership agreement with an official for a specific school or school district with general educational oversight authority in that jurisdiction. If there are going to be multiple partners involved in this project, please provide the following information for each of the partners on the additional partners page included in this application. **However, you must designate one school official as the school representative under the grant program.** Please provide the information for that individual in the space below. If the proposed project affects an entire school district, then the official with general educational oversight over the entire school district should complete the information below.

Name of Partner Agency or School District: School District of Oconee County
 School Official Name: Buddy Herring Title: School Superintendent
 Address: 101 E. N. Broad Street
 City: Kathala State: SC Zip Code: 29691
 Telephone: (864) 638-4000 Fax: (864) 638-4031
 Email Address: buddyherring@coconee.k12.sc.us

In addition, at the time the application is submitted, applicants for the COPS in Schools grant program must include two written documents prepared in cooperation with the partner agency, or agencies, involved in the program.

First, you must submit a Memorandum of Understanding (MOU) that details the roles and responsibilities of the partners involved in this project. For additional information on this requirement, please refer to page 6 of this application form.

Second, you must also submit a COPS in Schools Narrative Addendum detailing the proposed project. For additional information on this requirement, please refer to page 7 of this application form.

All COPS in Schools awards will contain an "Additional Grant Condition" that must be signed and returned to the COPS Office. This grant condition is contained in the award package and requires the officer(s) deployed into the School Resource Officer position(s) and the individual designated as the School Representative under the grant program to attend a COPS in Schools Training. The COPS Office will reimburse grantees for training, per diem, travel and lodging for attendance of required participants up to the maximum of \$1,000 per person attending. All awarded applicants will receive additional information on these trainings after the official notification of the grant award.

IV. General Information

Has your jurisdiction received other COPS grants? Yes No

If "yes," under which program(s)? (Choose all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> COPS Phase I | <input type="checkbox"/> COPS AHEAD | <input type="checkbox"/> COPS FAST |
| <input type="checkbox"/> COPS MORE | <input type="checkbox"/> Universal Hiring Program | <input type="checkbox"/> Troops to COPS |
| <input type="checkbox"/> Anti-Gang Initiative/Youth Firearms Violence Initiative | | <input type="checkbox"/> COPS in Schools |
| <input type="checkbox"/> Community Policing to Combat Domestic Violence | | <input type="checkbox"/> Police Corps |
| <input type="checkbox"/> Problem-Solving Partnerships | | <input type="checkbox"/> School-Based Partnerships |
| <input type="checkbox"/> Regional Community Policing Institutes | | <input type="checkbox"/> Tribal Resources Grant Program |
| <input type="checkbox"/> Small Communities Grant Program | | <input type="checkbox"/> Technology |
| <input type="checkbox"/> C/ICP | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

What is the total number of new officer positions for which you are now applying? Do not include officer positions funded under any other COPS grants.

Full-time: _____ Part-time: 0

Total amount of Federal funds requested for all full-time and part-time officers: \$ 102,088

Total non-Federal matching funds required (local share): \$ 0

(To answer these questions, complete the budget section for one officer and then multiply by the number of requested officers listed above.)

Population served as of 2000 U.S. Census: 66,215 and square miles covered: 676

Note: If numbers from the 2000 U.S. Census are not available to you, please use 1990 U.S. Census figures.

(Exclude the population and square miles primarily served by other law enforcement agencies within your jurisdiction. For example, sheriff's departments must exclude populations and areas served by a city police department for which the sheriff's department has no primary law enforcement authority.)

Current budgeted locally-funded sworn force strength as of February 1, 2001:

Full-time officers: 58 Part-time officers: 0

(Include all sworn or locally-funded officer positions budgeted as of this date. Do not include any COPS-funded officers in this number.)

Actual locally-funded sworn force strength as of February 1, 2001:

Full-time officers: 58 Part-time officers: 0

(Do not include state or locally-funded vacancies, COPS-funded positions, or reserve positions.)

V. Required Signatures

I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that prior to any grant award, the applicant must comply with all application and program requirements of the Public Safety Partnership and Community Policing Act of 1994 and other requirements of Federal law.

Law Enforcement Executive's Signature: *Steve Pruitt* Date: 4-26-01
(Signature of person named on the front of this form)

Government Executive's Signature: _____ Date: _____
(Signature of person named on the front of this form)

School Official's Signature: *Buddy A. Hervey* Date: 4-26-01
(Signature of person named under "Partner Information" as the designated School Representative for this grant occasion and the required training)

VI. Application Submission Instructions

Please return one original and two copies of all application materials that are being submitted with this request for funding. This includes the Community Policing Information Worksheet (for first-time COPS applicants), the Budget Information forms, Assurances, Certifications, a written Retention Plan, the Memorandum of Understanding, the COPS in Schools Narrative Information, and any additional information that is required. Completed applications should be sent to:

COPS in Schools Control Desk
U.S. Department of Justice
1100 Vermont Avenue, NW
8th floor
Washington, DC 20530
[For overnight delivery, please use 20005 as the zip code.]

Note: Since an original signature is needed to process all funding requests, faxed copies will NOT be accepted.

OMB Approval Number: 1103-0027

COPS in Schools Narrative Addendum

To be eligible to receive funding under this grant program, applicants must:

- Provide assurance that the officers employed under this program will be assigned to work in or around primary or secondary schools at least 75% of their time;
- Enter into a partnership agreement with either a specific school official or with an official with general educational oversight authority in that jurisdiction;
- Agree to fulfill the required COPS in Schools training condition.

In addition to these general program requirements, agencies seeking funding under this program will also be asked to provide a descriptive narrative addressing each of the following areas. In addition, agencies may provide supporting documentation in the following areas if relevant information is available. This narrative will be taken into consideration during the application review and approval process.

■ Problem Identification and Justification:

Problem Identification: Please provide information on current problems occurring in and around the school(s) that are listed as partners in this grant application (for example, gang violence within or immediately adjacent to the schools).

Justification: Documentation such as crime data, information on the number of gang members in a particular school, the number of suspensions and expulsions related to gang activities, school surveys, complaints from the community, etc.

■ Community Policing Strategies to be Used by the Officers:

Under this section, please provide information on the proposed activities in which the SROs will be participating. Please give specific examples and provide as much detail as possible. Examples of some strategies include conflict mediation, mentoring activities, gang mediation, problem solving projects, truancy programs, etc.

■ Quality and Level of Commitment to the Program:

Please specify the number of dedicated officer hours deployed to school activities, the duration and quality of the proposed program, evidence of previous successes, and a description of the impacted or targeted areas, including both the number of schools and demographic information for the student population. The COPS Office requires that the officers deployed into the SRO position(s) spend a minimum of 75% of their time in and around schools working on youth-related activities.

■ Link to Community Policing:

Agencies seeking funding under this program must provide information on how the community policing strategies proposed for the School Resource Officer program, as outlined above, will link to their overall organizational community policing strategy.

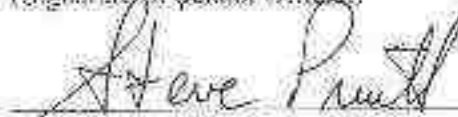
Please attach a narrative statement that will address the program requirements listed above. This information must be signed by both the law enforcement executive and the partnering agency official.

Additional Partner Page

Please use this form if you are applying for funding under the COPS in Schools grant program and you are partnering with more than one school or school district. As a reminder, you must designate one school official as the school representative under this grant program; however, you may partner with numerous schools or school districts. If you are partnering with more than one school or school district, you must provide the attached information for each school or school district. This form must be signed by both the school official and the law enforcement executive and returned at the time of application.

Name of Partner Agency or School District:	School District of	Geenie County
School Official Name: Buddy Herring	Title:	School Superintendent
Address: 101 E. N. Broad Street		
City: Walhalla	State: SC	Zip Code: 29691-2145
Telephone: (864) 638-4000	Fax:	

 _____ Date: 4-26-01
(Signature of School Official)

 _____ Date: 4-26-01
(Signature of Law Enforcement Executive)

OCONEE COUNTY FINANCE DEPARTMENT

MEMORANDUM

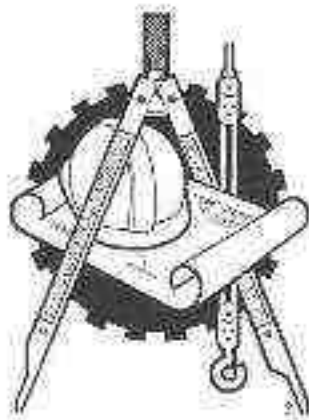
TO: Opal Green
CC: Phyllis E. Lombard, Finance Director
Ann H. Hughes, Supervisor-Chair
Oconee County Council Members
FROM: Melissa L. Brown
DATE: April 26, 2001
SUBJECT: 2000 Regional Planning Grant Program Application

Please place the attached 2000 Regional Planning Grant Program Application on the May 1, 2001 Oconee County Council Meeting agenda. This application was prepared by the Appalachian Council of Governments (ACOG) as they are the sub-recipient of these funds. Oconee County has been the recipient of this award for several years. These dollars will provide ACOG the funds to carry out the planning and technical assistance activities as described in the attached application.

Please feel free to contact me with any questions pertaining to this application.

STATE OF SOUTH CAROLINA
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Regional Planning Grant
Grant Program Application



Applicant: Georgetown County

Project Title: 2000 Planning Grant

Date Submitted: May 4, 2001

Send an original and two copies to:

Department of Commerce
Division of Community Grant Programs
1201 Main Street, Suite 1700, Post Office Box 927
Columbia, South Carolina 29202

BLOCK 1: CONTROL INFORMATION (STATE OFFICE USE ONLY)		APPLICATION#
GRANT #	GRANT PERIOD	AWARD DATE

BLOCK 2: PROJECT TITLE 2000 Planning Grant

BLOCK 3: APPLICATION TYPE
 INDIVIDUAL JOINT

BLOCK 4: FUNDING SOURCE

	AMOUNT
EDOS FUNDS REQUESTED	<u>50,000</u>
LOCAL CASH MATCH	_____
WAIVER OF FEES	_____
OTHER FUNDS	_____
GRANT TOTAL	<u>50,000</u>
* IDENTIFY SOURCES:	

BLOCK 5: APPLICANT INFORMATION
 APPLICANT NAME & ADDRESS:

Dconee County

415 S. Pine Street

Walhalla ZIP CODE 29691

TELEPHONE (864) 638-4236

*SECONDARY APPLICANT & ADDRESS (PRINT APPLICANTS)

_____ ZIP

_____ CODE: _____

TELEPHONE: _____

*Intergovernmental Agreement Date: _____

BLOCK 6: GENERAL INFORMATION

A. CONGRESSIONAL/STATE DISTRICT NUMBER:

<u>#3</u>	<u>#1</u>	<u>#1</u>
Congressional	State Senate	State House

B. CHECK ONE OF THE FOLLOWING:

Advance Reimbursable

BLOCK 7: PROGRAM CATEGORY

<input type="checkbox"/> Community Development	<input type="checkbox"/> National Program
<input type="checkbox"/> Supplemental National Community Development	<input checked="" type="checkbox"/> Local Program
<input type="checkbox"/> Other	<input type="checkbox"/> Other/Unsure/Other

BLOCK 8: National Objective:

A. Low Income

B. Small Business

C. Program Need

BLOCK 9: ADMINISTERING AGENCY

CONTACT PERSON: Dianna Gracely TITLE: Project Manager

ADDRESS: PO Drawer 6668, Greenville, SC

TELEPHONE: (864) 242-9733 FAX: (864) 242-6957 ZIP CODE: 29606

BLOCK 10: PROJECT SUMMARY:

This grant will provide planning assistance to the Appalachian region.

BLOCK 11: AUTHORIZED SIGNATURE

Ann Hughes, Supervisor/Chairman _____ 5/2/01

TELEPHONE & OFFICE OF THE CLERK OF THE ASSISTANTIVE OFFICE SIGNATURE DATE

CDBG APPLICATION BUDGET

GRANT NUMBER

ACTIVITY DESCRIPTION	CDBG FEDERAL FUNDS REQUESTED (COLUMN 1)	GRANT CONTRIBUTION (COLUMN 2)
Acquisition	00	00
Property Disposition	00	00
Clearance	00	00
Code Enforcement	00	00
Abandonment-Private Property	00	00
Rehabilitation-Commercial	00	00
Rehabilitation-Residential	00	00
New Housing Construction	00	00
Rentals <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	00	00
Water Facilities	00	00
Sewer Facilities	00	00
Flood and Drainage Facilities	00	00
Street Improvements	00	00
Community Center Facilities	00	00
Other Public Facilities/Improvements	00	00
Identify:		
Removal of Architectural Barriers	00	00
Technical Assistance	00	00
Public Services	00	00
Economic Development Activities (Not Profit)	00	00
Socioeconomic Development Activities (Not Profit)	00	00
Other Activities	00	00
Identify:		
Engineer/Architect	00	00
Planning Fees	50,000	00
General Administration	00	00
GRAND TOTAL	50,000	00

NARRATIVE

Describe the planning and technical assistance activities to be undertaken.

The program is designed to develop the capacity of CDBG Administrators to effectively determine community needs, set long-term goals and short-term objectives and develop plans for carrying out effective strategies to address priority community needs. This grant will be used to provide CDBG planning, capacity building, project development, and technical assistance to local governments. These funds will only be used in the State CDBG program eligible (non-entitlement) communities. The type of services to be provided will address an array of housing, community development and economic development needs. The planning grant will be used to undertake some or all of the following types of planning and technical assistance activities:

- Develop low and moderate income neighborhood development plans.
- Assess the needs for community infrastructure to serve low and moderate income persons and affordable housing needs.
- Identify and assess the needs of low and moderate income persons including the gathering of data, conducting surveys of low and moderate income persons, of slum and blighted areas and conducting needs assessment hearings to obtain citizen input.
- Assist communities in setting long-term goals and short-term objectives for addressing the housing and community development needs of low and moderate income persons.
- Assist communities in developing strategies and action programs to implement plans to address the needs of low and moderate income persons.
- Collect data and input information which can be directly linked to a CDBG national objective for the Geographic Information System (GIS) of the Department of Commerce.
- Disseminate information regarding the CDBG program and its requirements.
- Conduct meetings to facilitate the exchange of information with local government officials, citizens, non-profit organizations and other entities involved in CDBG project planning and development of strategies to meet community needs.
- Obtain citizen participation and involvement in CDBG planning and project development including conducting meetings and hearings as necessary.
- Analyze the feasibility of proposed CDBG projects.
- Develop preliminary cost estimates and conduct preliminary surveys as necessary to determine the eligibility and feasibility of a project.
- Preparation of applications and environmental assessments for CDBG grants which are not funded but meet CDBG fundability requirements.
- Develop maps associated with any of the above referenced activities.
- Conduct an analysis of impediments to fair housing.

Indicated the proposed strategy for carrying out the planning and technical assistance activities.

This grant will allow the COG to establish a basic level of staffing to provide general technical assistance and pre-project planning for local governments related to the CDBG program. The strategy for undertaking these activities is to develop a staffing plan which designates specific COG staff to be responsible for working with communities to provide the technical assistance as outlined above for the CDBG program. This staff will be capable, competent and trained with regard to CDBG program requirements.

Describe the expected outcome of the planning and technical assistance activities.

The proposed activities are designed to assist local governments in developing plans and building planning-management capacity. This assistance will build the capacity to effectively determine community needs, long-term goals and short-term objectives, and develop plans for carrying out effective strategies to address community needs. This planning and technical assistance will result in specific projects which, if funded, would be eligible under the CDBG program and meet a national objective. The COG will enter into a performance based agreement with the grantee to undertake these activities, to be developed in consultation with DOC.

ANALYSIS OF FUNDABILITY
(List each planning activity.)

NAME OF ACTIVITY	ELIGIBILITY SECTION (TITLE)	NATIONAL OBJECTIVE (KEY)	TOTAL PERSONS TO BENEFIT	POORER PERSONS TO BENEFIT	% F.M.F.
Planning Activity (Identify):	106(a)(12)(14)	A	200,271	200,271	100%

DOCUMENTATION OF BENEFICIARIES

2. Documentation of Beneficiaries

Census Data. Attach copy of documentation and map.

Survey. Date taken: _____
If 100% sample was not conducted door to door, explain. Attach copy of survey instrument.

LOCAL MATCH

Attach a resolution from the local government committing a cash match of 10% of the total CDBG grant funds requested.

MAPS

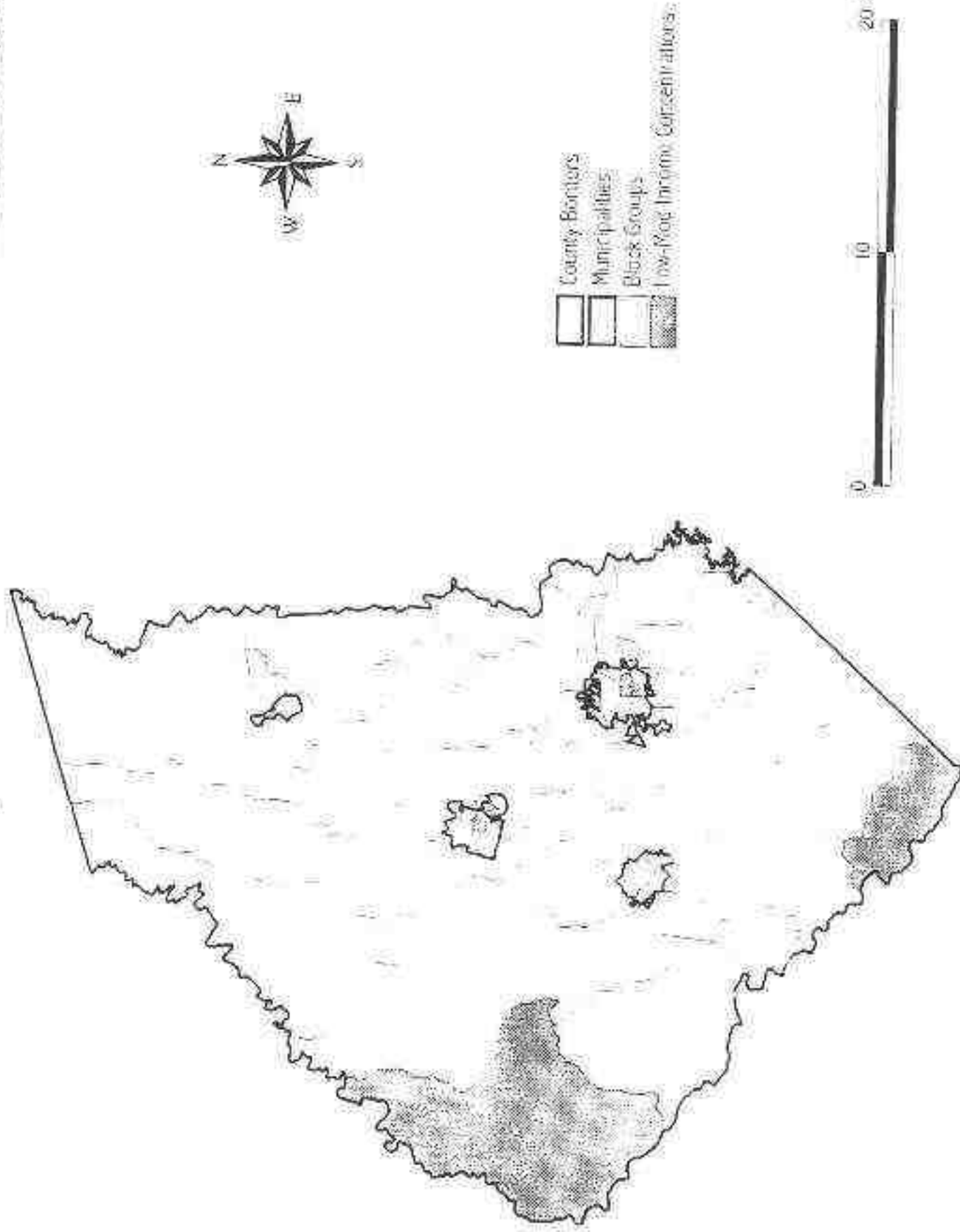
Attach a map of the applicant's jurisdiction showing concentrations of low and moderate income persons.

Attach a map of the applicant's jurisdiction showing concentrations of minority persons.

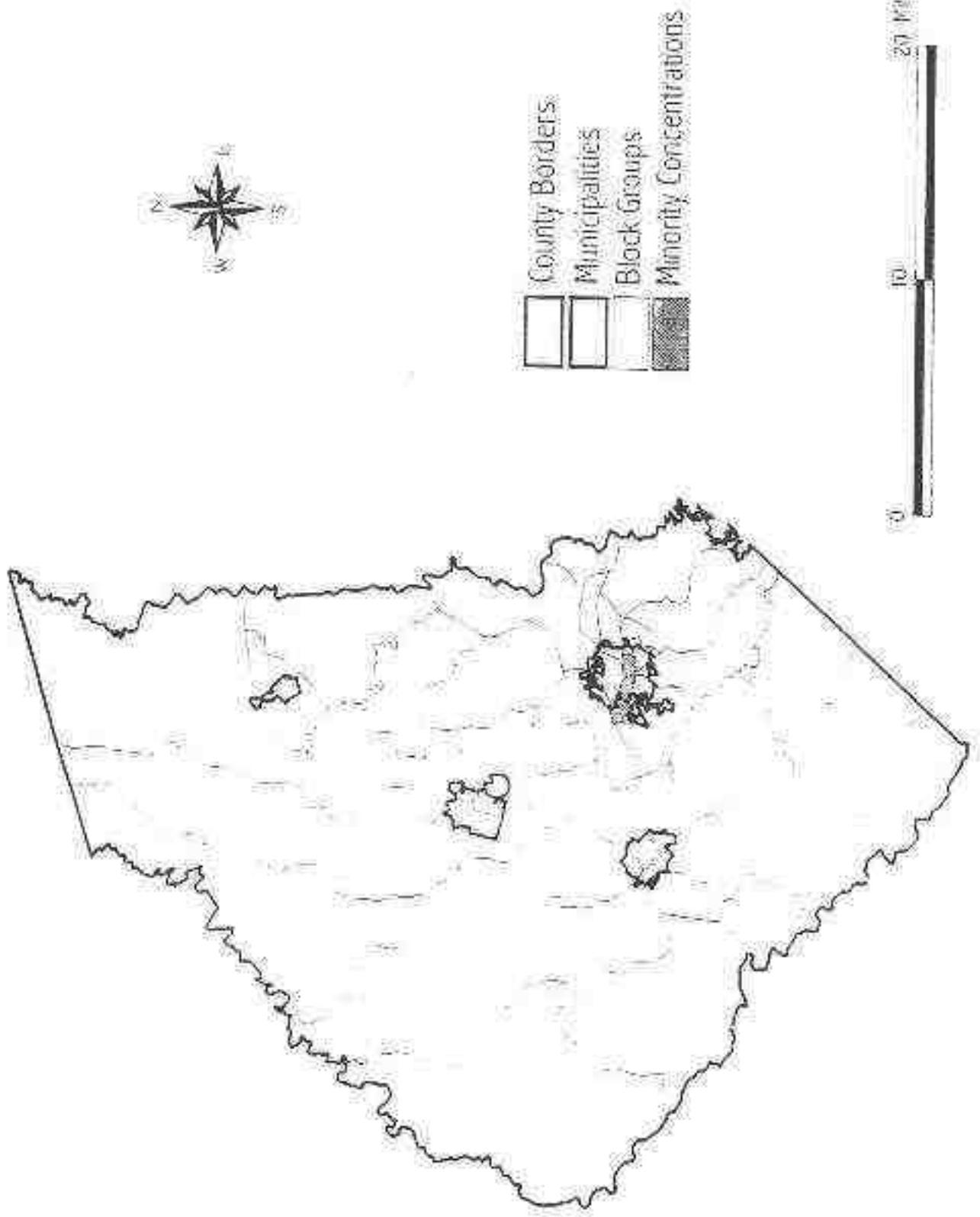
Attach a map showing the location of the project by census tract and block group.

Attach a showing the boundaries of the project within the unit of local government.

Oconee County Low-Mod Income Concentrations



Oconee County Minority Concentrations



COMMUNITY DEVELOPMENT BLOCK GRANT
PROGRAM INCOME PLAN

Applicant Name: Oconee County Application/Grant #: 4-P-00-001

Project Title: 2000 Planning Grant Date: April 2, 2000

A. Program Income on Hand

1. Does the applicant (or any subrecipient) have CDBG program income on hand? Yes No
2. If yes, what grant(s) generated the program income? Grant # _____
3. Total amount of program income on hand: \$ _____
4. Are the program income funds in an DCCGP approved Revolving Fund? Yes No
If yes, give the purpose of the fund and the amount in the fund: \$ _____
Purpose: _____

B. Program Income Determination

1. Does the applicant expect this project to generate income? Yes No

If the program income is expected, but the grantee receives program income before the grant is programmatically closed, the grantee agrees that it will be used to defray CDBG project costs in accordance with DCCGP policies and HUD regulations, or returned to the State. The grantee also agrees to notify DCCG immediately upon receipt of such anticipated income.

2. If yes to Question B-1, does the applicant wish to retain the program income? Yes No

If yes, complete Part C, Program Income Plan.

If no, the grantee agrees to return the program income to the State in accordance with DCCGP policies and procedures.

C. Program Income Plan

If program income is proposed to be retained, attach additional sheets providing a detailed description of the following information. (Each page must be initialed and dated by the authorized official.)

1. Describe the need for continuing the same activity which generated the program income and how the proposed use of program income will serve to address the need in a timely manner.
2. Describe how the grantee will ensure that activities undertaken with program income will be in accordance with this plan, will meet a national objective, and will comply with applicable requirements of Title I and other Federal regulations such as citizen participation, environmental review, acquisition, relocation, and labor requirements, etc. Identify the entity that will administer the program income.
3. Describe the administrative procedures for collecting, distributing, accounting, and returning the program income.
4. Provide an anticipated time-frame for program income receipts and expenditures.
5. Provide assurance that the grantee will return all unexpended funds and collectible accounts to the State in the event the State finds evidence of fraud, waste, mismanagement, and/or substantial non-compliance with the Program Income Plan.

Ann Hughes, Chairman/Supervisor

Typed Name and Title of Authorized Official

Signature

CDBG SECTION 102 DISCLOSURE REPORT

PART I APPLICANT/GRANTEE INFORMATION

1. Applicant/Grantee Name and Address:

Boonee County

415 S. Pine Street

Walhalla, SC

Zip Code: 29691

Telephone #: (864) 638-4236

Federal ID #: _____

2. Contact Person Name, Title, & Address:

Bianna Gracely

Project Manager

SC Appalachian COG

PO Drawer 6668, Greenville, SC

Zip Code: 29606

Telephone #: (864) 242-9733

PART II PROJECT INFORMATION

1. Current Federal Fiscal Year: 7/00 - 6/01

Date of this report: 5/27/01

2. Type of Report: Initial

Update

3. Type of CDBG Assistance:

Grant

Grant/loan

Loan Guarantee

4. Application Control #: 4-P-00-001

Grant Number: _____

5. a. CDBG Assistance Requested/Received:

\$ 50,000

b. Program Income to be used for this project:

\$ 0

c. Total Amount of CDBG Assistance + Program Income:

\$ 50,000

6. Is the amount in 5.c (above) more than \$200,000?

Yes No

7. Have you applied for or received CDBG assistance for this or other HUD projects which, when added to 5.c (above), amounts to more than \$200,000 during the current federal fiscal year?

Yes No

8. Which of the following applies?

If the answer to either 6 or 7 of this part is yes, then you must complete the remainder of this report.

If the answers to both 6 and 7 of this part are no, you are not required to complete the remainder of this report, but you must sign the certification at the bottom of the next page.

PART III. SOURCES AND USES OF FUNDING

List the activities being undertaken for this project and identify all sources (including CDBG, Federal, State, Local, private) types (grant, loan, loan guarantee) and amounts of each funding assistance for the project.

Activity	Source (Name of Agency and Program)	Type of Assistance	Amount

PART IV. INTERESTED PERSONS/ENTITIES

The name and financial interest of any developer, contractor or consultant involved in the project or activities for activities for which the assistance sought exceeds \$50,000 or ten percent (10%) of the assistance (whichever is lower). If the interested party is an entity, the disclosure must include an identification of each officer, director, principal, stockholder or other official entity.

Name of Person/Entity with Reportable Financial Interest	Social Security # or Employer ID #	Type of Participation (contractor, investor, planner, consultant, etc.)	Financial Interest (Amount of \$ and % CDBG Assistance)

PART V. CERTIFICATION

I hereby certify that the information provided in this Disclosure Report is true and correct, and that I can assure that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties under Section 1005 of Title 18 of the United States Code. In addition, I am aware that if I knowingly and materially violate any required disclosure of information, including intentional nondisclosure, I am subject to a civil money penalty not to exceed \$10,000 for each violation.

Ann Hughes, Chairman/Supervisor
Type Name and Title of Chief Director or Executive Official

Signature

5/2/01
Date

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
CERTIFICATIONS**

I, Ann Hughes, Chairman/Supervisor
(Name) (Title)

Oconee County, County Seat The County
(Unit of Local Government) (Town, City, or County)

I am following the stated participation requirements for the Community Development Block Grant (CDBG) Program including:

(a) provides for and encourages citizen participation, particularly by low and moderate income persons who reside in blighted or blighted areas and areas in which CDBG funds are proposed to be used.

(b) insures that citizens will be given reasonable and timely access to local meetings, information, and representation in the use of local government's proposed use of and actual use of CDBG funds.

(c) furnishes citizens information, including but not limited to:

(1) the amount of CDBG funds expected to be made available for the current fiscal year (including the grant and anticipated program income);

(2) the range of activities that may be undertaken with CDBG funds;

(3) the estimated amount of CDBG funds proposed to be used for activities that will meet the national objective of assisting low and moderate income persons; and

(4) the proposed CDBG activities likely to result in displacement of the unit of local government's anti-displacement and relocation plans as required.

(d) provides for technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals in accordance with the procedures developed by the State. Such assistance need not include providing funds to such groups.

(e) provides for a minimum of two public hearings, each at a different stage of the program, for the purpose of obtaining citizens' views and responding to proposals and questions. Together the hearings cover preliminary development and housing needs, development of proposed activities and a review of program performance. The public hearings to assess community development and housing needs must be held before submission of an application to the State. There must be reasonable notice of the hearings and they must be held at times and locations convenient to potential or actual beneficiaries, with accommodations for the disabled. Public hearings shall be conducted in a manner to meet the needs of non-English speaking residents when a significant number of non-English speaking residents can reasonably be expected to participate.

(f) provides citizens with reasonable advance notice of, and opportunity to comment on, proposed activities in an application to the State and, for projects already made, activities which are proposed to be added, deleted or substantially changed from the unit of local government's application to the State. Substantially changed means changes made in terms of purpose, scope, location or beneficiary areas defined by criteria established by the State.

(g) provides citizens the address, phone number, and times for submitting complaints and grievances, and provides timely written answers to written complaints and grievances within 15 working days, where practicable.

I assure that all reasonable steps have been taken to minimize the displacement of persons that are individuals, businesses, nonprofit organizations, and farms as a result of CDBG assisted activities.

I will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Process Act of 1970, as amended, and implementing regulations at 49 CFR Part 24, and that in effect and is following a residential anti-displacement and relocation assistance plan required under section 1006(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG program.

- 4) will not attempt to recover any capital costs of public improvements assigned with CDBG funds, including Section 108 unaffiliated funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of fee or assessment that relates to the capital costs of such public improvements (except if paid with CDBG funds) derived from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

It will not attempt to recover any capital costs of public improvements assigned with CDBG funds, including Section 108 unaffiliated CDBG funds, to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income or low-income families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

- 5) has adopted and is enforcing:

- (a) a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction, agriculture, and other subjects in non-violent civil rights demonstrations; and
- (b) a policy of enforcing applicable State and local laws against physically blocking entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction.

- 6) will conduct and administer the grant in conformance with Title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations and forms of HUD actions to affirmatively further fair housing;

- 7) will certify, to the best of the certifying official's knowledge and belief, that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal loan, the carrying out of any cooperative agreement, and the extending, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, with the Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form LPL Disclosure Form to Report Lobbying in accordance with its instructions; and
- (c) It will require that the language of paragraphs 1 and 2(c) of this certification be included in the award documents for all sub-awards or all tiers (including subcontracts, sub-grants, and contracts) under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly.

- 8) will comply with the provisions of Title I of the Housing and Community Development Act of 1974, as amended, and with other applicable State and Federal laws.

I declare that I am duly authorized, under the laws of the above-named unit of general (and) government, to issue the foregoing certification and acknowledge that these certifications may not be deemed to restrict the responsibility or authority of the above-named unit or local government, in the development and execution of its community development program as required by Title I of the Housing and Community Development Act of 1974, as amended, and the laws, regulations, and the policies of the State of South Carolina.

Ann Hughes, Chairman/Supervisor

Typed Name and Title of
Chief Executive or Executive Official

Signature

5/2/01

Date

TO: MS. OPAL GREEN
FROM: VICKIE SATTERFIELD, OCONEE COUNTY PARKS, RECREATION & TOURISM
SUBJ: OCONEE TOURISM GRANT
DATE: APRIL 26, 2001

On behalf of the Oconee County Parks, Recreation & Tourism, I respectfully request a grant application be approved from Oconee Tourism Commission.

The grant will require no matching funds. The brochure will be used to advertise South Cove Park, Oconee Ram and High Falls. The amount of grant requested will be \$3,000. These brochures will be sent to South Carolina Welcome Centers, North Carolina and Georgia welcome centers. In addition, all Chambers of Commerce.

Presently we have only a handful of brochures, which are very old and do not give justice to our parks.

Consideration would be greatly appreciated.

OCONEE TOURISM COMMISSION

P. O. BOX 337

WALHALLA, SC 29691

ADVERTISING GRANT APPLICATION

SECTION I.

ORGANIZATION NAME: Oconee County Parks, Recreation & Tourism

Address: 415 S. Pine Street

Walhalla, South Carolina 29691

Contact Person: Vickie L. Satterfield, Deputy Director Parks

Telephone: (864) 638-4214

Date Requested: 4-26-03 Requested Amount: \$ 3,000.00 Date Needed: Immediately

SECTION II.

Complete the following items which relate to eligibility requirements. Use a separate sheet, with an item number reference, for those items that require additional space.

1. Is the organization incorporated? .. Yes .. No
2. What is the organization's tax-exempt number? _____
3. When was tax-exempt number received? _____
4. Please enclose a list of current board members with names, address, and telephone numbers. Designate which are officers.
5. What is the quorum for board meetings? 2/3 majority
6. How often does the board meet? Twice Monthly
How many times in the past twelve months? 24
7. What rotation plan and limitation is there on the terms of board members and officers?
Every two years
8. List the standing committees of the board, Budget and Finance, Personnel and Inter-governmental, Roads, Purchasing, Law Enforcement, which covers Parks and Tourism
9. Enclose a copy of your budget for the current year. Please enclose a copy of your organizational plan listing goals and objectives upon which your current budget was developed.
10. Enclose a copy of your financial statements for last year.
11. Is your organization affiliated with a national or state organization? .. Yes .. No
If yes, do you pay national or state membership dues? .. Yes .. No

page 1 of 2

OCONEE COUNTY TOURISM COMMISSION, Grant Application

12. What is your organizations objectives? To promote nature based tourism of Parks, Recreation and Tourism
13. What programs/services did your organization provide this year? Nature based tourism parks serving over 350,000 residents and visitors to Oconee County.
14. Target population served (age, sex, special interest, etc.). Groups targeted are of all ages and sex. Oconee Parks provide family recreational activities, at affordable prices. Recent studies show over 500,000 children are "at risk" students because their families do not spend quality time together. Our Parks provide quality time at affordable rates.
15. How are your organizations programs/services assessed for effectiveness? Services are monitored by the Oconee County Council, Oconee County Parks, Tourism and Recreation Commission. Input is also received from the public.

SECTION III

16. What will the advertising funds be specifically used for? Itemize in detail by dollar amount. Brochures will be placed in all Chambers of Commerce, South Carolina Welcome Centers and also Georgia and North Carolina. These brochures will also be taken to State Tourism functions and distributed at local parks and Oconee Nuclear Station.
17. What geographical area(s) will your advertising reach? South East United States
18. How will this advertising influence tourism? By promoting the best kept secret in South Carolina—Oconee County Parks.



OCCONEE COUNTY SHERIFF'S OFFICE

415 SOUTH PINE STREET
WALHALLA, SOUTH CAROLINA 29691-2145
(864) 638-4117

James E. Singleton, Sheriff

TO : Supervisor and County Council

FROM : Sheriff James Singleton

RE : Traffic Safety Unit

DATE : April 27, 2001

TRAFFIC SAFETY UNIT - STATE AND COMMUNITY HIGHWAY SAFETY PROGRAM

In calendar year 1998, there were 15 people killed on Oconee County roads. In 1999, that figure jumped to 23 and in 2000 a total of 25 people lost their lives on Oconee highways. Due to this significant increase in traffic deaths in the last two years, the Sheriff's Department requests the approval of County Council to apply for a grant from the State and Community Highway Safety Program funded by the federal government and administered by the South Carolina Office of Highway Safety. This grant would be used to establish a four-person traffic safety unit within the Sheriff's Department. The mission of this unit would be to reduce traffic deaths and injuries through enforcement and education efforts. A dedicated unit is needed for this task because patrol officers can't devote the time needed for traffic enforcement because calls for service and arrest warrants take priority. A four-person traffic unit would be used to "saturate" high accident areas and places where we receive citizen complaints about speeding and reckless driving, such as school zones. The officers would move from one trouble spot to another, focusing on offenses that result in serious accidents such as driving under the influence, reckless driving, excessive speeding, and aggressive driving. Concentrating the efforts of a traffic team is far more effective than dispersing a few officers over a large area. Both the Pickens and Anderson County Sheriff's Offices already have federally funded traffic safety units.

The grant life for this program is three years and the first year funding ratio for the grant is 90% federal and 10% local match. The second year ratio is 75/25 and the final year is 50/50. However, the grant only covers salaries for the officers and funds for traffic enforcement technology such as radar units and in-car video systems. It does not pay for vehicles and other officer equipment. If approved, the grant period would not start until October 1, 2001. Officer salaries would actually be for nine months.

000004

ESTIMATED FIRST YEAR COSTS
OCONEE COUNTY SHERIFF'S OFFICE
TRAFFIC SAFETY UNIT

1 - Patrol Sergeant @ \$32,121 per year plus fringe
1 - Corporal @ \$29,698 per year plus fringe
1 - Senior Deputy @ \$27,458 per year plus fringe
1 - Deputy II @ \$26,404 per year plus fringe
TOTAL SALARY PLUS FRINGE FOR ONE YEAR ----- \$157,375
TOTAL SALARY PLUS FRINGE FOR NINE MONTHS ----- 118,031

TOTAL COUNTY MATCH SAL. & FRINGE FOR 9 MONTHS @ 10% ---- \$11,803

4 - Patrol vehicles with equipment @ \$25,635 each ----- \$102,540
4 - In-car video systems @ \$3,900 each (10% match) ----- 1,560
4 - Radar speed detection devices @ \$3,500 each (10% match) ----- 1,400
4 - Vehicle radios @ \$2,965 each (10% match) ----- 1,186
4 - Passive alcohol sensors @ \$900 each (10% match) ----- 360
4 - Sets officer equipment @ \$4,755 each ----- 19,020

TOTAL EQUIPMENT FOR TRAFFIC SAFETY UNIT ----- \$126,066

TOTAL ESTIMATED COUNTY EXPENSE, FIRST YEAR ----- \$137,869

000004

Bidders		Accutek Communications		Communications Unlimited		Gunby Communications Inc		Morris Communications Inc		Secom Systems		
Item	Qty	Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price	
A	8 ea	Kenwood radio	2,594.00	20,752.00	no bid		2,669.20	21,353.60	2,134.00	17,072.00	3,812.00	28,896.00
B	1 ea	Kenwood radio	2,730.00	2,730.00			2,558.00	2,558.00	1,760.00	1,760.00	1,540.00	1,540.00
C	8 ea	Antenna Complete Installations	425.00	3,400.00			225.77	1,806.16	230.00	1,840.00	375.00	3,000.00
D	8 ea	Partial Installations	400.00	3,200.00			350.00	2,800.00	155.00	1,240.00	400.00	3,200.00
E	1 ea	Subtotal	50.00	50.00			150.00	150.00	60.00	60.00	175.00	175.00
		S. C. Sales Tax		38,132.00			28,667.76	28,667.76	corrected addition	21,972.00		36,811.00
		Grand Total	corrected add	1,744.10			1,285.89	1,285.89	corrected total	1,093.60		1,671.80
		Delivery	50 days	39,876.10			29,953.65	29,953.65	14 days	23,005.60		38,482.80
							30 days				4 weeks	

BID NO. 00-37

(Use this number on envelopes and
all related correspondence.)

BID FORM
OCONEE COUNTY PROCUREMENT OFFICE
415 S. PINE ST., ROOM 10, WALHALLA, SC 29691

The Accutek Communications division of Accutek, Inc.
submits herewith our Bid in response to bid request number shown above, and in compliance with
the description(s) and/or specification(s) attached hereto for radio equipment for the Sheriff's
Department.

Item #	Qty	Unit	Description	Unit Price	Extended Price
A	8	Ea	Kenwood radio per minimum specs.	3594.00	28,752.00
B	1	Ea	Kenwood radio per minimum specs.	2730.00	2,730.00
C	8	Ea	Antenna per minimum specs.	425.00	3,400.00
D	8	Ea	Complete Installations per minimum specs.	400.00	3,200.00
E	1	Ea	Partial Installation per minimum specs.	50.00	50.00
			Subtotal		38,132.00
			S. C. Sales Tax (5%)		1,744.10
			Grand Total		\$ 39,876.10

The above stated bid is based on all applicable specifications, drawings, etc. associated with this bid and the following additional Addenda issued subsequent to the basic specifications and/or drawings.

NOTE TO BIDDER: List all Addenda with dates of any issued. If no additional Addenda is issued, write the word "NONE".

Addendum Number

Date

none

Bid shall include delivery to location stated on Bid Notice. Show any exception, deviation, extra computation, or information on Bid Supplemental Form attached hereto.

Completion/Delivery Date ARO: 60 days or less

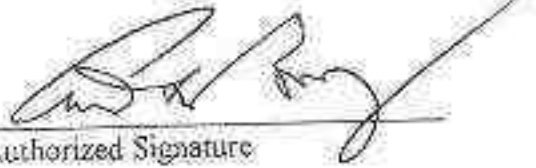
The undersigned, having fully familiarized himself with the information contained within this entire solicitation and applicable documents, submits this bid and other applicable information to the County, which I verify to be true and correct to the best of my knowledge. I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a bid for the same materials, supplies or equipment, and is in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid. By submission of a signed bid, I certify, under penalties of perjury, that the below company complies with section 12-54-1020(B) of the SC Code of Laws 1976, as amended, relating to payment of any applicable taxes. I further certify that this bid is good for a period of sixty (60) days, unless otherwise stated.

Acoutek, Inc.
Company name as registered with
the IRS

P.O. Box 6762
Correspondence Address

Greenville, SC 29606-6762
City, State, Zip

April 20, 2001
Date


Authorized Signature

Arthur H. Balz
Printed Name

Pres.
Title

(864) 271-0088
Telephone Number

(864) 271-2558 (annual)
Fax Number

P.O. Box 6762
Remittance Address

Greenville, SC 29606-6762
City, State, Zip

(864) 271-0088
Telephone Number

57-0558218
Federal Tax ID Number

Toll-Free Number if available

23 25398
SC Sales and Use Tax Number

BID SUPPLEMENTAL FORM

OCONEE COUNTY PROCUREMENT OFFICE

415 S. PINE STREET, ROOM 10

WALHALLA, SOUTH CAROLINA 29691

DATE: 4/16/01 BID NO 00-37

The Communications Unlimited of SC takes the following exceptions:
(Bidder)

We are unable to quote the following:
Because of the distance of travel. Please
Keep us in mind for any portable radio's
you may need or any mobile units you
don't want installed.

SIGNATURE: DeLinda Orneschak

BID NO. 00-37

(Use this number on envelopes and all related correspondence.)

BID FORM
OCONEE COUNTY PROCUREMENT OFFICE
415 S. PINE ST., ROOM 10, WALHALLA, SC 29691

The Toccoa Shop, Gunby Communications Inc. submits herewith our Bid in response to bid request number shown above, and in compliance with the description(s) and/or specification(s) attached hereto for radio equipment for the Sheriff's Department.

Item #	Qty	Unit	Description	Unit Price	Extended Price
A	8	Ea	Kenwood radio per minimum specs	2669 ²⁰	21353.60
B	1	Ea	Kenwood radio per minimum specs	2558 ⁰⁰	2558.00
C	8	Ea	Antenna per minimum specs	225 ⁷²	1806.16
D	8	Ea	Complete Installations per minimum specs	350 ⁰⁰	2800.00
E	1	Ea	Partial Installation per minimum specs	150 ⁰⁰	150.00
			Subtotal		25717.76
			S. C. Sales Tax (5%)		1285.89
			Grand Total		\$ 29953.65

The above stated bid is based on all applicable specifications, drawings, etc. associated with this bid and the following additional Addenda issued subsequent to the basic specifications and/or drawings.

NOTE TO BIDDER: List all Addenda with dates of any issued. If no additional Addenda is issued, write the word "NONE".

Addendum Number

Date

NONE

Bid shall include delivery to location stated on Bid Notice. Show any exception, deviation, extra computation, or information on Bid Supplemental Form attached hereto.

Completion/Delivery Date ARO: 30 Days

The undersigned, having fully familiarized himself with the information contained within this entire solicitation and applicable documents, submits this bid and other applicable information to the County, which I verify to be true and correct to the best of my knowledge. I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a bid for the same materials, supplies or equipment, and is in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid. By submission of a signed bid, I certify, under penalties of perjury, that the below company complies with section 12-54-1020(B) of the SC Code of Laws 1976, as amended, relating to payment of any applicable taxes. I further certify that this bid is good for a period of sixty (60) days, unless otherwise stated.

Guaby Communications Inc
Company name as registered with
the IRS

Ron VanDiver
Authorized Signature

6013 old Liberty hill Rd.
Correspondence Address

Ron VanDIVER
Printed Name

Tecoma, GA, 30577
City, State, Zip

Shop Manager
Title

18 April 2001
Date

(706) 886-4406
Telephone Number

(706) 282-1315
Fax Number

6013 old Liberty hill Rd.
Residence Address

Tecoma, GA, 30577
City, State, Zip

(706) 886-4406
Telephone Number

800-595-4406
Toll-Free Number if available

58 20 98 8 66
Federal Tax ID Number

099 220300
SC Sales and Use Tax Number

BID SUPPLEMENTAL FORM

OCONEE COUNTY PROCUREMENT OFFICE

415 S. PINE STREET, ROOM 10

WALHALLA, SOUTH CAROLINA 29691

DATE: 18 April 2001 BID NO. 00-37

The Taccoa Shop, Gandy Communications (Bidder) takes the following exceptions:

Completion / Delivery ARO of 30 Days subject to equipment being in stock for immediate shipment by manufacturer.

SIGNATURE:

Ken Austin, Shop Manager

BID NO. 00-37

(Use this number on envelopes and all related correspondence.)

BID FORM
OCCONEE COUNTY PROCUREMENT OFFICE
415 S. PINE ST., ROOM 10, WALHALLA, SC 29691

The Morris Wilson submits herewith our Bid in response to bid request number shown above, and in compliance with the description(s) and/or specification(s) attached hereto for radio equipment for the Sheriff's Department.

Item #	Qty	Unit	Description	Unit Price	Extended Price
A	8	Ea	Kenwood radio per minimum specs	2134. ⁰⁰	\$ 17 072. ⁰⁰
B	1	Ea	Kenwood radio per minimum specs	1760. ⁰⁰	1760. ⁰⁰
C	8	Ea	Antenna per minimum specs	230. ⁰⁰	\$ 1840. ⁰⁰
D	8	Ea	Complete Installations per minimum specs	155. ⁰⁰	\$ 1240. ⁰⁰
E	1	Ea	Partial Installation per minimum specs	60. ⁰⁰	\$ 60. ⁰⁰
			Subtotal		\$ 21 972. ⁰⁰
			S. C. Sales Tax (5%)		\$ 1098. ⁶⁰
			Grand Total		\$ 23 070. ⁶⁰

The above stated bid is based on all applicable specifications, drawings, etc. associated with this bid and the following additional Addenda issued subsequent to the basic specifications and/or drawings:

NOTE TO BIDDER: List all Addenda with dates of any issued. If no additional Addenda is issued, write the word "NONE".

Addendum Number	Date
<u>None</u>	_____
<u>None</u>	_____

Bid shall include delivery to location stated on Bid Notice. Show any exception, deviation, extra computation, or information on Bid Supplemental Form attached hereto.

Completion/Delivery Date ARO: 14 Days from PO Slip date

The undersigned, having fully familiarized himself with the information contained within this entire solicitation and applicable documents, submits this bid and other applicable information to the County, which I verify to be true and correct to the best of my knowledge. I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a bid for the same materials, supplies or equipment, and is in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid. By submission of a signed bid, I certify, under penalties of perjury, that the below company complies with section 12-54-1020(B) of the SC Code of Laws 1976, as amended, relating to payment of any applicable taxes. I further certify that this bid is good for a period of sixty (60) days, unless otherwise stated.

Morris Wireless
Company name as registered with
the IRS

355 Woodruff Rd
Correspondence Address

Greenville SC 29606
City, State, Zip

4-11-01
Date

Paul R Rogers
Authorized Signature

Paul R Rogers
Printed Name

Sales
Title

1-800-864-6933
Telephone Number

627-9488
Fax Number

Morris Wireless
Remittance Address

Greenville SC 29606
City, State, Zip

288-5992
Telephone Number

57-0420663
Federal Tax ID Number

1-800-864-6933
Toll-Free Number if available

023140254
SC Sales and Use Tax Number

BID NO. 00-37

(Use this number on envelopes and all related correspondence.)

BID FORM
OCONEE COUNTY PROCUREMENT OFFICE
415 S. PINE ST., ROOM 10, WALHALLA, SC 29691

The JECOM SYSTEMS, INC
submits herewith our Bid in response to bid request number shown above, and in compliance with the description(s) and/or specification(s) attached hereto for radio equipment for the Sheriff's Department.

Item #	Qty	Unit	Description	Unit Price	Extended Price
A	8	Ea	Kenwood radio per minimum specs	3612. ⁰⁰	28,896. ⁰⁰
B	1	Ea	Kenwood radio per minimum specs	1540. ⁰⁰	1,540. ⁰⁰
C	8	Ea	Antenna per minimum specs	375. ⁰⁰	3,000. ⁰⁰
D	8	Ea	Complete Installations per minimum specs	400. ⁰⁰	3,200. ⁰⁰
E	1	Ea	Partial Installation per minimum specs	175. ⁰⁰	175. ⁰⁰
			Subtotal		36,811. ⁰⁰
			S. C. Sales Tax (5%)		1,671. ⁸⁰
			Grand Total		\$ 38,482. ⁸⁰

The above stated bid is based on all applicable specifications, drawings, etc. associated with this bid and the following additional Addenda issued subsequent to the basic specifications and/or drawings:

NOTE TO BIDDER: List all Addenda with dates of any issued. If no additional Addenda is issued, write the word "NONE".

Addendum Number

Date

Bid shall include delivery to location stated on Bid Notice. Show any exception, deviation, extra computation, or information on Bid Supplemental Form attached hereto.

Completion/Delivery Date ARO: 4 week ARO

The undersigned, having fully familiarized himself with the information contained within this entire solicitation and applicable documents, submits this bid and other applicable information to the County, which I verify to be true and correct to the best of my knowledge. I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid. By submission of a signed bid, I certify, under penalties of perjury, that the below company complies with section 12-54-1620(B) of the SC Code of Laws 1976, as amended, relating to payment of any applicable taxes. I further certify that this bid is good for a period of sixty (60) days, unless otherwise stated.

SECOM SYSTEMS, Inc.
Company name as registered with
the IRS


Authorized Signature

909 BETHLEHEM RD
Correspondence Address

ROBERT P. PEECE
Printed Name

KNIGHTDALE, NC 27545
City, State, Zip

SALES MANAGER
Title

4/13/01
Date

919-217-1626 / 800-252-4120
Telephone Number

919-217-2434
Fax Number

5255 TRIANGLE PARKWAY
Remittance Address SUITE 670

MARIETTA, Ga 30067
City, State, Zip

800-252-4120
Telephone Number

800-252-4120
Toll-Free Number if available

58-1872698
Federal Tax ID Number

089197381
SC Sales and Use Tax Number

BID SUPPLEMENTAL FORM

OCONEE COUNTY PROCUREMENT OFFICE

415 S. PINE STREET, ROOM 10

WALHALLA, SOUTH CAROLINA 29691

DATE: 4/13/01 BID NO 00-37

The Secur Systems, Inc. (Bidder) takes the following exceptions:

*Bidders NC office is in excess of 150 miles
of Oconee County*

SIGNATURE: *Robert H. R...*

Aircraft Maint FPO Committee Scoring

	Possible Points	Robert Pantel	Mauro Lylos	Kenny Johns	Prudence Dillard
1. Qualifications					
a. Experience	100	100	90	90	75
b. In. Stat.	75	50	70	65	50
c. Equip owned	50	0		0	0
d. References	100	100	100	100	65
2. Personnel					
A. Supervision					
(1) Qual.	125	75	100	50	50
(2) Exp. & exp.	75	30	25	40	25
B. Mgmt.					
(1) Gr. in bus.	100	70	75	70	60
(2) FAA violations	200	200	200	150	200
(3) Exp. Types	100	90	100	100	60
3. Implementation					
a. QC	200	190	200	150	150
b. Consistency	100	70	100	75	60
c. Classification	75	75	75	60	50
d. AD Tracking	100	0	100	20	0
4. Inc. Scope Maint.	150	150	150	125	100
5. Training Prog.	100	100	80	100	65
6. Recruitment Prog.	25	25	25	20	20
7. Proposal Quality	25	25	25	20	20
8. OSHA	100	100	90	100	100
9. Lean Maint	200	200	150	175	130
Total Points	2000	1650	1755	1470	1330

Average Score = 1551.25

Date: May 1, 2001

ATTACHMENT A

<u>EVALUATION CRITERIA</u>	<u>POINTS</u>
1. Qualifications	
a. Experience	100
b. Financial Stability	75
c. Equipment Owned	50
d. References (Professional & Clients)	100
2. Personnel	
a. Supervision	
(1) Qualifications A/P - I/A, etc. (Certificate Numbers)	125
(2) Experience of employees	75
b. Management	
(1) Qualifications/years in business	100
(2) FAA violations	200
(3) Experience (Types of aircraft)	100
3. Lessor Implementation Plan	
a. Control of Quality	200
b. Control of Consistency	100
c. Cleanliness	75
d. Method of tracking AD notices	100
4. Ability to Increase Scope of Maintenance	150
5. Training Program	100
6. Recruitment Program	25
7. Quality of Proposal	25
8. OSHA - (Oil - Paint - Etc.)	100
9. Lease Amount	200
Total	2000

No proposal shall be withdrawn for a period of sixty (60) days following public reading of proposals. Oconee County reserves the right to reject any or all proposals. Oconee County will choose the Lessee who presents the best potential value of service per dollar.